

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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SGM censures Council by 21 votes to 16

Zyban dose revised as CSM addresses safety concerns

Boots launches upmarket Pure Beauty chain

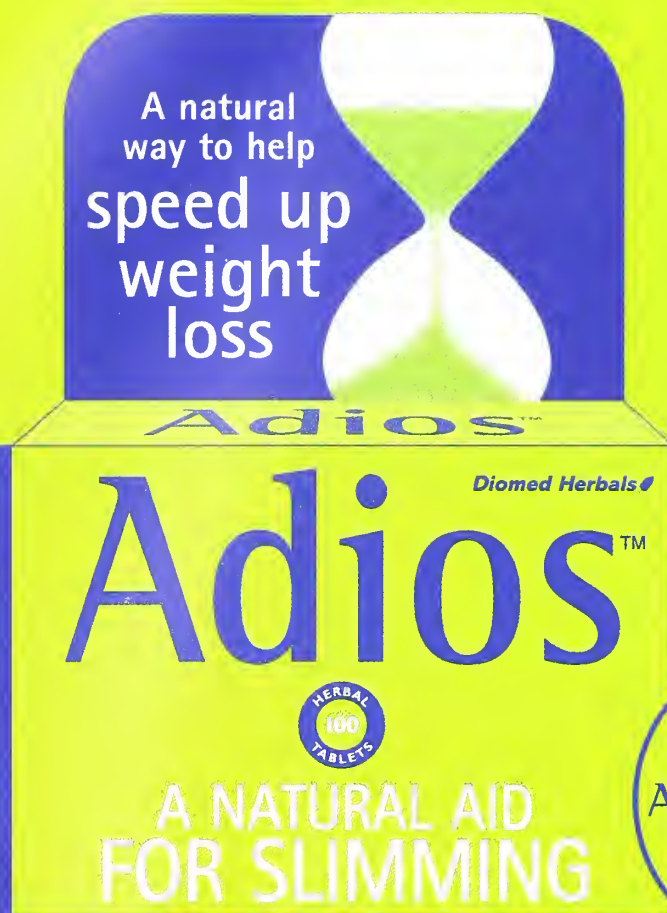
SSL auditor can't vouch for year 2000 financial figures



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Retailing never stands still. Numark and Boots - two very different organisations - provide evidence of that this week. Numark is experimenting with open display for P medicines. Under the protocols it has set up, use of EPoS means a P medicine sale cannot occur without staff being aware of it, and drawing it to the pharmacist's attention if necessary. P medicines are clearly distinguished on shelf, flagging up to customers that a pharmacy can provide medicines not available elsewhere. Opinion will be divided about the long term impact of such a development. One camp will argue that it will lead to the end of the P category since self-selection will undermine professional input. Others will say it offers improved access and choice for consumers and, from a purely retailing perspective, makes for more effective merchandising. In the end its success or otherwise will hinge on how effectively pharmacists and their staff provide advice and information to those seeking to self-medicate. Pharmacies with well-trained staff who make proper professional interventions will be able to demonstrate the value of P medicines. Those who fail to live up to expectations will turn P medicines into a consumer-led category.

Meanwhile, Boots the Chemists continues to invest in its Wellbeing Division. Although the division saw operating losses of £20.7 million last year, a steady expansion of services was outlined by chief executive Steve Russell last week. Boots says the wellbeing services market is worth £6.5 billion, and is growing at 10 per cent per annum. It is determined to stake its claim in this area, and with the Government looking ever more fondly on private provision of health services, it looks like an astute move. Customers still see Boots as the chemists, but for how much longer? Is 'Wellbeing or "Health & Beauty" the future? It is perhaps telling that there was no mention of NHS services in the briefing which accompanied the financial results.

SGM censures Council

The RPS Council has been censured over the *PJ* editorship. See also page 8.

Davies elected president

Marshall Davies has been elected president of the RPSGB, with Gillian Hawsworth as vice president

Zyban dosage modified

The CSM is recommending a lower starting dose for Zyban

Eczema emollients in allergy link

A recent study has linked the arachis oil used in skin treatments for eczema with peanut allergies

Fresh outlook for pharmacies

A new monthly Marketwatch series begins by looking at the personal hygiene sector

Picture this

With the demise of RPM, it's time to add value to sales in other ways, such as film processing on-site

Striving for a Better Wales

Erica Barrie, Secretary of the RPSGB's Welsh Executive, talks to Vanessa Sherwood

Numark Convention

Nina Keller-Henman reports from Boston on the company's pilot scheme for displaying P medicines

Quarterly business statistics

C&D's quarterly survey of business statistics shows that household spending continues to grow

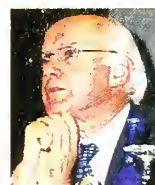
Boots launches upmarket beauty chain

Boots chief executive Steve Russell announces plans to invest £1.4 million in top quality beauty stores



SSL auditor can't vouch for figures

SSL's auditor cannot vouch for the company's figures up to March 31, 2000, which were reset due to financial irregularities



Marshall Davies



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Training for winning bids

Hemant Patel is arranging a weekend school to help local pharmaceutical committees make effective bids for service developments.

The school, to be held on July 6-8, will include sessions on how to influence the health authority, writing a compelling bid, new influences on commissioning processes, and promoting the service.

The venue is the Ashridge Conference Centre, Berkhamsted, Herts, a country estate set in 150 acres of grounds. The cost will be around £250 a head.

Further details are available from Mr Patel on 07973 312890.

Nurses seek disposal guidance on CDs

Nurses have called for guidance on how they should dispose of controlled drugs held in patients' homes.

The Royal College of Nursing's congress recently heard that procedures for disposing of CDs in the community were "in a mess", leaving the door open for abuse or enabling someone to stockpile morphine in the same way as Dr Harold Shipman.

Delegates at the Harrogate meeting complained that there was no clear or nationally consistent guidance on how to dispose of large quantities of CDs, and pharmacists were sometimes reluctant to take back supplies.

Celia Manson, adviser to the RCN's palliative care group, said the issue would be raised again at a cancer care conference in York at the end of this month. But the RCN would not take formal action before liaising with phar-

macists and other health professionals, and after considering the recommendations likely to emerge from the Shipman Inquiry.

Helen Darracott, head of professional ethics at the Royal Pharmaceutical Society, said that a nurse could return dispensed medicines from a deceased patient to the pharmacy in the same way as a family representative. The pharmacist need not destroy the CDs in the presence of an authorised witness, but it would be good practice to do so. The Medicines, Ethics and Practice Guide also recommends recording the returned stock and date of its destruction.

Mrs Darracott thought pharmacists would be justified in refusing to take back a health professional's own unwanted stock if it meant having to bear the costs of disposal.

Davies elected RPSGB president

Marshall Davies, the former Boots pharmacy superintendent, has been elected president of the Royal Pharmaceutical Society for 2001-02.

Community pharmacist Gillian Hawksworth succeeds Mr Davies as vice president. She was elected after two rounds of voting, winning against Ashwin Tanna and Alan Nathan.

Christine Glover will remain an officer of the Society in the position of immediate past president.

Mr Davies was first elected to the Society's Council in 1992 and made a Fellow in 1998. He has steered through many of the reforms at Lambeth, as outlined in the 1997 Bank's Report on the ways of working and has chaired the Society's corporate governance committee.

He retired from Boots on May 1 1998, after starting with the company as an apprentice in Gorseinon, South Wales, in 1956. His most recent appointment has been as a non-executive director of Newark & Sherwood Primary Care Trust. He has also served on the Pharmaceutical Services Negotiating Committee, and as a trustee of the National Pharmaceutical Association's pension fund.

WIG opposes generic substitution in Wales

The Welsh Industry Group (WIG), representing pharmaceutical manufacturers, is opposing proposals put to the National Assembly earlier this year which could lead to generic substitution by pharmacists.

The report of the Task and Finish Group for Prescribing in Wales (C&F, March 24) has been "generally welcomed" by WIG, but it has warned that some recommendations could lead to patients in Wales being denied treatments available elsewhere in the UK.

WIG said that allowing generic substitution by pharmacists would undermine the accountability of doctors for their patients' treatment. It also suggested that the development of local formularies was costly to administer and restricted patients' access to new treatments.

The industry opposes proposals to enable local health groups to become purchasing bodies for medicines, to try to drive down costs. WIG believes such an approach is incompatible with the nationally-agreed Pharmaceutical Price Regulation Scheme.

WIG was "dismayed" at the prospect of a blanket ban on sponsorship or direct employment of posts such as specialised nurses. "The proposal that such posts should be funded by the NHS would result in the loss of valuable resources to the NHS at a time when budgets are under pressure."

RPSGB Council censured

A motion of censure against the Royal Pharmaceutical Society's Council was passed at the Special General Meeting last Sunday. However, a motion of no confidence was rejected.

About 60 people attended the SGM at the Society's London Headquarters including Council members and the Society's directorate. The meeting voted 21 for and 16 against the motion of censure, and 14 for and 23 against the motion of no confidence.

The SGM had been arranged after the Society received two requisitions in February, from Ashwin Tanna, of south London, and Philip Walton, of Manchester. The requisitions were in response to the Society's decision to appoint a non-pharmacist, Olivia Timbs, as editor of the *Pharmaceutical Journal*, and the process used in making the appointment.

In proposing the vote of no confidence, Mr Tanna argued that the editorship should have remained with a pharmacist. He was also concerned that the Council had been left with no option but to ratify the appointment and he accused the Society of prevaricating in arranging the meeting.

Mr Tanna was seconded by a former *PJ* editor, Robert Blyth, who believed that the change in the frequency of Council meetings to every two months, instead of monthly, meant the Council had lost its control of the Society's affairs. He too was opposed to the appointment of non-pharmacists in senior positions within the Society.

Mr Walton's motion of censure was put because he felt a vote of no confidence would be "overkill". His original requisition had been made before he had met the new editor and before an

editorial advisory board had been appointed. While saying he would vote against his own motion, he suggested that he was proposing the motion for the 30 people who had signed his requisition.

Arguing against the motion was Mike Burden who said that the Society needed the best person for the job. David Sharpe said that such debates were making the Society a laughing stock at the Department of Health.

However, Peter Herman warned that by appointing a non-pharmacist as editor, the Society was discriminating against its own members. And Maurice Hickey, who had travelled from Scotland, thought that the whole process was symptomatic of a democratic deficiency in the Society, with the membership feeling disenfranchised.

After the SGM Mr Tanna commented: "I had to do what I had to do. Although it was a very small meeting, a lot of people have said it was a good opportunity to air the views and the Council is aware of the views."

"It is something to be remembered

and it was not a fruitless exercise for the Council. I hope they learn from it."

He would not have expected the Council to have resigned over a vote of no confidence, "but the message would have been that it was quite wrong".

Ms Timbs attended the SGM. Afterwards she commented: "I see this as an opportunity to get on with the job. It's obviously an important issue for some members, but the small turnout reflects the general mood."

Shd had been aware latterly that there were question marks over the appointment process. But for her, "it was a professional and regular process and when I heard the Council, it was not a rubber stamping."

The Society's vice president, Marshall Davies, who chaired the meeting, as the president Christine Glover was delayed en route, said that the views of the SGM would be presented to Council when it next met.

● More details of the SGM are given on page 8.



RPSGB secretary and registrar Ann Lewis and vice president Marshall Davies look on while the vote of no confidence is discussed. President Christine Glover arrived after being delayed on her journey down from Edinburgh

CSM modifies Zyban dosage

The dosage and safety precautions for the smoking cessation drug Zyban (bupropion/amfebutamone) have been modified by the Committee on Safety of Medicines.

The CSM is now advising that when starting Zyban, the lower 150mg dose should be prescribed for the first six days, only increasing to 150mg twice daily on day seven. The previous recommendation was to increase the dose on day four.

The notification came as Hertford coroner Alan Lawson concluded that the death of his stewardess Kerry Weston died from an epileptic seizure caused in part by Zyban, sleeping pills and chloroquine. The coroner's findings stimulated national media interest and the Department of Health was prompted to issue a statement on the drug.

Besides modifying the dosage regime, the CSM is advising prescribers about reducing the risk of seizures. It points out that Zyban is contraindicated in patients:

- with a current seizure disorder or history of seizures
- with a current or previous diagnosis of bulimia or anorexia nervosa
- with a known central nervous system tumour
- experiencing abrupt withdrawal from alcohol or benzodiazepines

Further, Zyban must not be pre-

scribed in patients with other risk factors for seizure "unless there is compelling clinical justification for which the potential benefit of smoking cessation outweighs the increased risk of seizure". In such patients, a lower dose of 150mg daily throughout the entire treatment period should be considered, says the CSM.

Possible risk factors include:

- concomitant administration of any drug known to lower seizure threshold - antipsychotics, antidepressants, antimalarials, theophylline, systemic steroids, tramadol, quinolones and sedating antihistamines
- alcohol abuse
- history of head trauma
- diabetes being treated with hypoglycaemics or insulin
- use of stimulants or anorectic products

The CSM stresses that due to the complex pharmacology of Zyban, it is important to be aware of all medicines a patient may be taking when considering suitability for Zyban therapy.

The advice was issued on May 31. The CSM points out that over 5,000 Yellow Card reports of adverse events have been received since Zyban was introduced into the UK, having been prescribed to over 419,000 patients in that time. Of these, 126 were reports of seizures, about half of which occurred



Zyban can only help smokers stop if the dosage is correct and safety observed

in patients with predisposing factors for seizure. Forty of the seizures were fatal.

"About 2 per cent of adverse reports for all medicines are associated with a fatal outcome," said the Department of Health. "For Zyban, the proportion of reports that is fatal is much lower - less than 1 per cent. The CSM considers that the reports received are in line with the known safety profile of Zyban."

GlaxoSmithKline has written to health professionals outlining the changes. Further information is available from GSK on 0800 371891.

RPSGB announces eight new Fellows for mid-year

Council member Pat Hoare, and Jo Lamb, a former senior assistant editor in the *Pharmaceutical Journal*, are among eight new Fellows designated by the Royal Pharmaceutical Society this week.

Also honoured are:

- Alan Rogers, community pharmacist and chairman of East Surrey Local Pharmaceutical Committee
- Dinesh Mehta, executive editor of *the BNF*

• Colin Hugh Thomas, locum pharmacist and pharmacy adviser to Health Promotion Wales

• Stephen Curtis, director of the Unit for Health Services Development, School of Pharmacy, University of London

• Anthony Phillips, industrial pharmacist, who until last year was director of biopharmaceutical development at GlaxoWellcome

• Peter Rollason, a community pharmacist from Zimbabwe and past secretary of the Pharmaceutical Society of Southern Rhodesia. He regularly attends the BPC.

Beth Taylor given CPP Schering Award

Beth Taylor, pharmacy manager for the Community Health South London NHS Trust and regional principal pharmacist community service London/South East Regions has been awarded the 15th College of Pharmacy Practice Schering Award.

The award has been made in recognition "of the significant role she has played in ensuring the delivery of pharmacy support within community health services", said the CPP. Her work is regarded by the College as one of the earliest examples of "seamless

care". It started with systematically bridging the hospital and community pharmacy sectors and developing systems to allow patients to move easily between the community and hospital.

Mrs Taylor has also been involved in the development of NHS Direct, nurse prescribing, emergency hormonal contraception through community pharmacies and patient group directions.

Most recently, she has been appointed as the sole pharmacist on the National Older People taskforce and the National Modernisation Board.

Keele offers medicines management course

The department of medicines management at Keele University is offering pharmacists a short course to help them address medicines management.

Suitable for community pharmacists, or those working in primary care, Clinical Pharmacy for Medicines Management is based on a module of the community pharmacy diploma.

The course "aims to provide pharmacists with a clear understanding of medicines management and pharmaceutical care in the context of clinical pharmacy practice in primary care".

The distance learning module is divided into three sections:

- medicines management and pharmaceutical care
- support for clinical pharmacy practice
- therapeutics for medicines management

The course can be started on the first day of any month and completed within three to 12 months.

Further information is available at www.keele.ac.uk/depts/mm or from Linda Foster on 01782 584117.

IOC bans bupropion and rules on asthma

Bupropion, marketed in the UK as Zyban, will be added to the International Olympic Committee's list of prohibited stimulants from September 1.

The World Anti-Doping Agency, in collaboration with the IOC, has also issued new guidance for athletes with asthma.

From September, the athletes will have to submit clinical evidence to a medical review panel to prove that they have asthma and that beta-two agonists are required. They may also be subject to on-the-spot tests to substantiate their evidence.

The WADA has introduced the new regulations for asthma following concerns that the incidence of the disease appears to be much higher among athletes, who may be using the inhalers as stimulants.

There have also been changes to the definition of blood-doping and the rules on the administration of glucocorticosteroid injections.

Pharmacy course applications down

The number of applications for pharmacy degree courses has fallen by 12.9 per cent this year compared to last year, says the UCAS admissions service.

By the middle of last month there had been 14,875 applications to schools of pharmacy and 3,661 applications to do pharmacology courses - a decrease of 11.5 per cent on the previous year.

However, the number of applicants accepted for pharmacy courses increased by 19 per cent between 1996 and 2000, indicating that students are reducing the number of schools of pharmacy they apply to in the first place.

The total number of applications for all courses at universities and colleges has increased by more than 4,000 (1.1 per cent) to 390,626.

Nursing shows one of the biggest increases, with applications up 11.5 per cent to 26,887. UCAS chief executive Tony Higgins said: "The number of people applying for higher education is well up on last year, which ended as a record year for UK universities and colleges. The fact that nursing is the biggest growth subject is great news because it shows that moves to make the profession an attractive career are paying off."

Applications for medicine and dentistry were down by 1.1 per cent and 27.5 per cent respectively.

Society sets up repeat dispensing working group

The Royal Pharmaceutical Society's Practice Committee has approved the establishment of a repeat dispensing working group. The group's main aim will be to consider the professional issues surrounding the implementation of schemes for repeat dispensing within community pharmacy.

At its meeting in May, the committee noted that the Department of Health had indicated that it would be helpful for the Society to take the lead in defining and considering the professional issues. This would complement the work being done on the logistical aspects of repeat dispensing by the Department of Health project group and the contractual aspects by PSNC.

The committee is keen to hear from pharmacists who have worked on repeat dispensing local pilots. Responses should be sent to Janet Flint, Practice Division, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JX (fax 020 7582; e-mail jflint@rpsgb.org.uk).

Screening for early diabetes The Practice Committee considered a draft guidance document on the community pharmacist's role in early identification of diabetes. The draft was considered with reference to the diabetes national service framework being developed for England.

Out-of-hours services The Practice Committee has agreed a number of principles relating to pharmacy support for out-of-hours general practitioner services. This was not seen as a definitive statement but would help discussions with stakeholders. The NHS Executive has indicated it would welcome the Society's input.

Among the principles agreed were that all out-of-hours services should have access to comprehensive pharmacy support. There should be a service level agreement between the service provider and the pharmacy service, and the service should be NHS funded.

SOPs for dispensing Comments on the Society's draft guidance document on standard operating procedures for dispensing would be accepted up to July 2.

Harrison memorial medal The Science committee is to award Professor Roger Waigh, of the University of Strathclyde, the Society's Harrison memorial medal for 2002.

British Association The Society is to present a half-day session on "Cannabis as a medicine" at the 2001 science festival of the British Association for the Advancement of Science, in Glasgow in September.

Arachis oil in emollients linked to nut allergy

New research has suggested a link between arachis (peanut) oil used in skin treatments for eczema and the number of children who are allergic to nuts.

The report, from the Avon Longitudinal Study of Parents and Children, has also shown that one in 100 children is affected by nut allergies, twice as many as previously thought.

The ALSPAC study has found that 90 per cent of children who develop a nut allergy have previously suffered with eczema and therefore may have been treated with emollients containing arachis oil.

Dr Gideon Lack, of St Mary's Hospital, London, who led the

research said: "In eczema the skin barrier breaks down and there is an abundance of immune cells in the skin that could be exposed to substances that cause allergies."

Dr Lack said that the research also contradicts the Department of Health's current advice to pregnant women and breastfeeding mothers to avoid peanuts. They found that the amount of peanuts eaten by mothers makes no difference to whether or not a child develops a peanut allergy.

Dr Michael Cork, a consultant dermatologist at Sheffield Children's hospital said: "It is important that emollients generally are not labelled as a cause for concern - none of those recommended for prescription contain

peanut oil and they are the most important preventative treatment for atopic eczema."

● Stiefel, manufacturer of Oilatum, is keen to remind pharmacists that none of the products in the range contain arachis oil. Oilatum Cream was reformulated in January and the arachis oil was replaced with liquid paraffin - any old packs in circulation can be returned to Steifel, which will replace them with the new formulation.

● The ALSPAC study is a 10-year research project following about 12,000 children from the Bristol area, and their parents, and examining the genetic and environmental causes of conditions such as asthma, food allergies, depression and cerebral palsy.

Workshops will support forward Plan

Two one-day workshops have been launched to help support the implementation of the Government's pharmacy plan. The workshops will be run by medM Ltd and will be led by Dr Darrin Baines, medM's founding director.

The workshops are entitled:

- Economic and Managerial Issues in Designing Local Pharmaceutical Service Pilots and
- Managerial and Economic issues in Running Medicines Management Projects.

The first will cover budget-setting, incentive design and performance

monitoring, and the second will focus on economics of scale, co-ordinating employee behaviour and promoting participation and joint working.

The workshops can be run in-house for primary care organisations, local pharmaceutical committees and the pharmaceutical industry. Workshops for individual pharmacists take place in Milton Keynes in July, August or September.

Individual prices for the workshops are £225 plus VAT. Further information is available on 01908 671137 or at www.medm.co.uk

AAH introduces training courses

AAH Pharmaceuticals has introduced two training courses to enable pharmacy assistants to work in the dispensary.

The Foundation Dispensing course requires assistants to spend 30 hours working in the dispensary and includes workplace exercises, on-going assessment from the pharmacist and a short multiple-choice examination.

Following on, the Dispensary Assistant Training Course lasts for a year. The assistant must complete six modules including dispensary management, dispensary skills, dispensary products and pharmacy services and take a final multiple-choice examination with 100 questions.

Places can be booked on the courses by contacting Linda Clarke at AAH Pharmaceuticals on 024 76 432346.

Unexpected effects

Between 25 and 40 per cent of the sales of top-selling medicines in the UK and USA are for indications discovered only after the medicine was launched, says a new book from the Office of Health Economics.

Capturing the Unexpected Benefits of Medical Research explains how the full benefits of health technologies may emerge only once they are introduced into clinical practice.

The book explains how "translational" research can identify new uses for compounds and how clinical observations may suggest new targets for existing medicines.

The pharmaceutical industry, research organisations and licensing bodies have a role to play in enabling health care technologies to be exploited, concludes editor Clive Pritchard. www.ohe.org.uk

PSNI highlights health worry over travel vaccines

Pharmacists in Northern Ireland are concerned about the increasing number of GPs who are prescribing travel vaccines and anti-malarials on private prescriptions instead of on the NHS.

They point out that the higher cost deters patients from taking essential precautions before going on holiday.

The Pharmaceutical Society of Northern Ireland has alerted travellers to the risks of not having the necessary vaccinations or taking malaria prophylaxis. Two factors are preventing people taking these precautions - a lack of awareness of the need and "more worryingly" the cost of vaccination. Holidaymakers who decline "are putting their health, and other people's health, at risk", warns PSNI.

Brendan Kerr, a community pharmacist in County Down and a PSNI Council member, said there was anecdotal evidence of a growing trend for GPs to prescribe privately to save money. But the increased costs of treating holidaymakers who returned with serious diseases could far outweigh the savings and an audit of the extent to which this is happening was needed.

He added that different surgeries had different policies. There appeared to be no area health board policy across the province on prescribing holiday vaccinations, so it was not clear why one GP would provide treatment on the NHS and another would not.

Mists clear on Scottish strategy

The mists appear to be clearing on the strategy for Pharmaceutical Care for Scotland. A recent workshop has given hints of the possible direction of the document, which is due to be issued within the next few months.

The strategy is not intended for pharmacy per se: it is for pharmaceutical care. As such, it involves a wider range of disciplines, all of which have a role in the care of a patient.

Hospital pharmacy will need to become more patient focused. Improved communication between primary, secondary and tertiary care is seen as vital to the wellbeing of the patient and essential to prevent duplication of effort.

However, it is community pharmacy which would appear to be in for the greatest change. The general impression from lay members at the workshop was that community pharmacy is not part of the NHS. Instead, it is a commercial enterprise first and foremost, with a link to the NHS by way of prescription dispensing.

“... it is community pharmacy which would appear to be in for the greatest change”

A way of changing that perception was suggested by several groups – have the NHS Scotland logo on every shop front. And rather than pharmacists merely suggesting to patients that they should see their GP, a formal referral to their doctor was seen as more appropriate.

Remuneration was another major topic. It was agreed that the current system could not support the type of service proposed. Payment for services undertaken was thought a more productive way forward.

One pharmacist said it did not make sense to have two pharmacies in a town with a population of 6,000. Why not have one pharmacy with two pharmacists providing a better service? Or the way forward?

How many of these ideas will make it into the final document is impossible to guess, but the loss of RPM might be seen as the first salvo of a major barrage of changes.

Contributed by a senior hospital pharmacist.

Xrayser

Topical Reflections

Consultation areas cost money

No real surprises in the General Election (at least not before press day on Wednesday), so it should now be all systems go for a new contract – and high on Lord Hunt's list of priorities is the provision of private consultation areas (*C&D* June 2 p5).

I have no objection to them in principle, but I have seen little published evidence that assesses public need. I strongly believe that one of the major advantages of the community pharmacist is that customers can consult without feeling intimidated.

A consultation area with a closed door, or a table, puts the customer at a disadvantage and would be counter-productive to the type of enquiries the public makes of pharmacists.

Any consultation area must primarily provide privacy, in terms of an “exclusion zone” for others in the vicinity, but beyond that the requirements should be flexible enough to allow all existing pharmacies to comply.

And having agreed that consultation areas should be part of the new contract, payment should be authorised to provide the facility. The amount should compare with the overhead costs of the premises.

Despite past pronouncements, community pharmacy is a risk business and if use is made of my valuable space for the provision of NHS services, then that cost must be reflected fairly in my remuneration.

However, I suspect the Government will seek as simple a formula of payment as possible, probably by top slicing the global sum and dividing it equally between acceptable premises.

This must be strongly resisted as it would perpetuate the present grossly discriminatory per item of service payment structure and establish a precedent for the remuneration of other quality-based services.

I desire a new contract that properly reflects my contribution as a community pharmacist to the NHS, but that contract must either be seen to be fair to all, or not be acceptable to anybody.

And if the GPs can threaten resignation, so can we!



..and don't tell me it's on an Internet site

The number of out-of-stocks is once again on the increase, with the main culprits being manufacturers unable to supply.

The most spectacular recent problem has been with the supply of Betnesol and Betnesol N eye ointments. These have been difficult to obtain for months, without explanation, but now I am informed in *C&D* that severe and unexpected problems will prevent manufacture until early 2002.

That in-depth explanation will go down a bomb with my GPs and patients! It seems that I am the last to know and the last to be informed of problems, yet I am the one who is in the firing line of patients' ire.

Ideally, I would like to have quick and accurate explanations of supply problems in writing, but failing that a single source of information over the telephone. Perhaps we could go back to the good old days when my friendly mainline wholesaler was a mine of information.

And no, I do not want to access a website. It's very cheap and convenient for the company posting the information, but in a busy pharmacy, using the Internet is the

most time-consuming and frustrating way of obtaining information yet invented.

Alarming statistics on new recruits

The latest statistics for university applications make interesting reading. Nursing applications are up 11.5 per cent, while pharmacy applications are down by a spectacular 12.9 per cent (*The Guardian*, June 1).

The nursing statistics are not surprising, since nursing has been a political priority for many years but the fall in pharmacy applications must be worrying. Pharmacy is a profession of nil unemployment, yet if the figures are to be believed, its attractiveness as a career has shown an alarming decline.

It is not too difficult to identify possible reasons. Read the professional press and criticism, apathy and disillusionment reign supreme. Read the popular press and the most publicly-known part of the profession is predicted as being ready for the scrap heap.

Pharmacy as a profession may be facing the most exciting development phase in its history, but if our publicity machine cannot convey this fact to the wider public, it may be facing that future without any members.

RPSGB Council censured over *PJ* appointment

The Royal Pharmaceutical Society can consider its wrists slapped by the membership, following the Special General Meeting on Sunday.

Pharmacists rejected a vote of no confidence, but supported a motion of censure in the way the Council had handled the process of appointing the editor of the *Pharmaceutical Journal*. Proposer Philip Walton considered that a motion of censure was a "slapped wrist", whereas a motion of no confidence would be a "resigning issue".

However, in proposing a motion of no confidence, Ashwin Tanna said that the editor should be a pharmacist and that the Council should re-start the selection process.

The SGM was poorly attended - by about 60 people - and the motion of censure was carried, with 21 votes for and 16 against. There was an element of bemusement when Mr Walton said he would not be voting for the motion he was proposing.

He had submitted a request for the SGM, although at the time he felt that a motion of no confidence was "extreme for something that Council were entitled to do". He had also thought that an SGM could be a waste of time.

However, he felt a motion of censure would be possible if it were aimed at the members of Council who were responsible for the decision to appoint a non-pharmacist as editor of the *Journal*.

By proposing the motion of censure, Mr Walton appeared to be letting the 30 people who signed his SGM requisition air their views. "The reason I am here is to offer a possible alternative to a no confidence vote - but I think that not even a motion of censure would be appropriate," he said.

Peter Herman said the appointment of a non-pharmacist editor demonstrated how an "impenetrable, discriminatory glass ceiling" was being put in place against pharmacists. "The members are being excluded gradually and imperceptibly from the running of their own profession," he said.

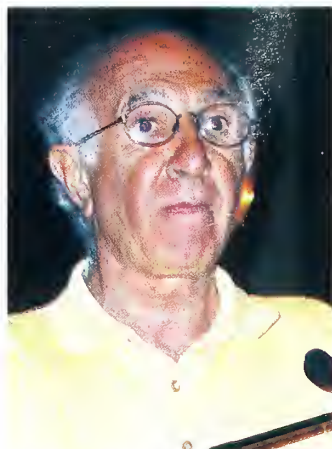
Supporting the Council was Mike Burden. "What we should be doing is ensuring that we appoint the best person for the job," he said.

"We have been, as a profession, guilty of introspection and parochialism. If we are confident that pharmacists are the best thing that ever happened then we should be confident enough to stand up in open competition."

Peter Schofield wanted to censure the process of the appointment. To end 160 years of tradition of having a pharmacist as editor should have warranted a full public debate by Council



Ashwin Tanna: unsuccessful with no confidence vote



David Sharpe: stop "whingeing" letters

before the appointment was made, he argued. He hoped the SGM would bring about a new corporate governance committee and more transparency.

Maurice Hickey from Murray and Banff thought the problem lay with the panel who appointed Olivia Timbs and then asked the full Council to "rubber stamp" the appointment. As the process had been conducted secretly there was no way of knowing what had gone on.

Proposing his motion of no confidence, Mr Tanna criticised the initial advert for a new editor which said that the successful candidate would "ideally" be a pharmacist.

"This wording was approved not by the Council, but by the secretary and registrar on the advice of the recruitment consultant," he said.

He considered the move to appoint a non-pharmacist editor a "radical departure" from what had been



Philip Walton: censure probably not necessary



Mike Burden: we want the best people for the job

agreed, in that the Council was not able to properly discuss the appointment. "At the February Council meeting, the Council's decision was greatly affected by the fact that an officer of the Council told members that compensation would have to be paid to the chosen non-pharmacist candidate if the Council did not approve the appointment," he said.

"In the end, Council members had no option but to simply ratify the [appointment] panel's choice. In the light of criticism voiced by the members of the Society, the conduct of this affair is breathtaking in its complacency and defiance of democratic principles."

Secretary and registrar Ann Lewis said that the Council was not told it could not change the recommendation.

Mr Tanna felt the "prevarication of the Council in calling the meeting" to be further reason for having no confi-

dence in it. He had submitted his request for an SGM in February. The Council's actions over the SGM were a further example of "its thoroughly undemocratic, authoritarian and deviant attitude".

Opposing the motion, Mr Burden said: "It's a question of recognising that things change. We need the best team and the best people to deliver those objectives. There was a free competition and an excellent candidate was appointed who turns out not to be a pharmacist."

David Sharpe, a former president of the Society, said the current director of professional standards is not a pharmacist. Since starting she has overseen a reform of procedures, including revolutionising the inspectorate. Furthermore, the British Medical Association does not have a doctor as its chief executive, and nor does Reuters have a journalist as its CEO.

He had disagreed with parts of the previous editorial policies and would like to have seen much changed. "I hope that the new editor would be able to include those changes," he said. One improvement would be to stop publishing the "moaning, whingeing" letters of members week after week "which make us a laughing stock in the Department [of Health]".

When the vote on the motion of no confidence was taken it was lost with 23 against and 14 for. Instead, a motion was cobbled from Mr Walton's original SGM requisition which read: "This meeting censures the Council for the process used to appoint the editor of the *Pharmaceutical Journal*."

Mr Hickey seconded, saying that it was symptomatic of a democratic deficit, with the membership feeling disenfranchised. "Even if both motions are lost, the Council should take this as a warning as the membership does not know what's going on."

With only 37 people voting out of a total membership of 43,000, the outcome of the meeting can hardly be decisive.

No mention was made of the cost of organising the SGM, nor at the process for submitting an SGM requisition, which currently requires 30 pharmacists' signatures.

A possible solution was proposed by Leo Patchet, who pointed out that the Council has the power to make the new editor an honorary member of the Society.

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Post-cataract op eye drops

Tobradex® Eye Drops, a new combination therapy to reduce inflammation and cut the risk of infection following cataract surgery, has been launched by Alcon Laboratories.

The eye drops are a combination in suspension of the broad spectrum antibiotic tobramycin 0.3 per cent w/v and the steroid dexamethasone, 0.1 per cent w/v.

Normal dosage is one drop per eye, instilled into the conjunctival sac every 4 to 6 hours for up to 24 hours. Frequency should be decreased gradually with improvement. There is a special warning against prolonged use - beyond 24 days - as this may result in hypertension/glaucoma within the eye, resulting in damage to vision. It should not be used if a patient has a viral disease of the cornea or conjunctiva. Basic NHS price is £5.65 for a 5ml Droptainer.

Alcon Laboratories
01442 341234.

IN BRIEF

Exelon summary change

There has been a change to the summary of product characteristics for Exelon (rivastigmine) capsules for the treatment of mild to moderately severe Alzheimer's disease. The summary now include the statement that "very rare cases of atria-ventricular block have been reported".

Navartis
Tel: 01276 698370.

Gluten-free bread mix

Nutricia Dietary Care has launched its Glutafin gluten-free bread mix for people with coeliac disease. The mix is fortified with calcium. It is available on prescription for people with coeliac disease and dermatitis herpetiformis.

Nutricia Dietary Care
Tel: 01225 711677.

Breathe Easy Club leaflets

The British Lung Foundation is supporting two new Breathe Easy Club leaflets: "Breathe Easy for Health Professionals" and "Breathe Easy" to promote the support and information network for anyone with lung disease, their friends, family and carers. For copies, e-mail breatheeasy@britishlungfoundation.com

Simplifying asthma management

A new asthma therapy, which helps simplify asthma management, has been launched by AstraZeneca.

Symbicort® Turbohaler® (budesonide/formoterol) is an adjustable maintenance treatment for adult asthma. It is a dry powder inhaler that allows patients, in line with their doctor's advice, to adjust the dose of their maintenance treatment.

People can adjust their treatment within a range of 1-4 inhalations a day, without having to ask their doctor for a new prescription for changed use.

The new formulation should make it easier to step down asthma treat-

ment once good control has been achieved. For people who are well controlled on one inhalation twice daily there is the option of stepping down to just one inhalation a day. If the symptoms increase, the dose can be stepped up again with the same inhaler to a maximum of four inhalations a day. Dr Martyn Partridge, Medical Adviser to the National Asthma Campaign, said: "There is increasing evidence from research and Patient Associations that patients need simple, but effective treatment regimens. This new treatment may help to meet these needs."

It is important to instruct the patient to breathe in deeply through the mouthpiece to get an optimal dose to the lungs.

Symbicort contains the corticosteroid, budesonide, and the fast and long-acting bronchodilator, formoterol in a single inhaler. Patients will still require a reliever or "blue" inhaler.

There are two strengths of Symbicort: 200/6 £38.00, and for those needing a lower dose of corticosteroid 100/6 £33.00. Both strengths are in 120-dose units.

AstraZeneca
01923 266191.

NICE to continue sibutramine appraisal

The National Institute for Clinical Excellence is to proceed with its appraisal of the new anti-obesity drug sibutramine.

Launched in May, sibutramine is marketed as Reductil by Knoll. Its purpose is to help obese patients to lose weight and maintain weight loss in the long term.

The company says a daily programme of one 10mg dose has been demonstrated to help seriously over-

weight people to eat, on average, 20 per cent less food. When this is combined with an extra 30 minutes of physical activity (eg three 10 minute walks), Knoll claims it delivers significant weight loss.

Patients who take Reductil are three to five times more likely to lose 10 per cent of their body weight compared to patients on diet alone.

The drug should be used within a weight management programme for

patients with a BMI of 30 kg/m² or higher, or with a BMI of greater than 27 kg/m² if there are other obesity related risk factors such as type 2 diabetes or dyslipidaemia.

It is not meant for patients who have responded adequately to an appropriate weight-reducing programme alone, nor for those with a slight weight problem.

Knoll
Tel: 0115 912 5000.

Weight loss pill offers added health benefits

An extensive study has shown that orlistat (Xenical) is effective for producing weight loss and also offers health benefits.

The drug, which works without suppressing the appetite, was shown in a study of more than 15,500 overweight men and women to result in an average weight loss of 11 per cent of body weight over a period of seven months. It acts locally in the gut to reduce the absorption of dietary fat by about a third.

Thousands of the patients either significantly reduced the need for or stopped their medications for hypertension, diabetes and high cholesterol as they shed the unwanted weight.

Nearly half of the patients with cholesterol disorders (46 per cent) one third of those with type 2 diabetes (34 per cent) and a quarter of those with high blood pressure (26 per cent) had their medication for these conditions either reduced or stopped. The results

of the trial were presented to the 11th European Congress on Obesity in Vienna.

The subjects in the study - 11,131 women and 4,418 men - lost an average of 4 pounds and three inches off their waistline.

Nottingham GP Dr Ian Campbell, Chairman of the National Obesity Forum said: "By reducing the need for

additional medications, I can really make a difference to my patients' overall health, with the added benefit of keeping my drug budget down."

The National Institute for Clinical Excellence (NICE) recently approved NHS prescription of the Roche drug for weight management in obese patients who have already proved themselves able to lose five pounds in four weeks.

Approval nears for new IBS drug

Zelmac® (tegaserod), a new treatment for irritable bowel syndrome developed by Novartis and Bristol-Myers Squibb, seems likely to receive approval towards the end of the year.

Data presented at the 32nd annual Digestive Disease Week meeting in Atlanta, Georgia shows it provides rapid and sustained relief of multiple symptoms of IBS throughout the duration of treatment.

Clinical data from more than 4,500 patients shows there were improvements in each of the key symptoms studied. There were no episodes leading to hospitalisation or rehydration.

Zelmac is under review by the European Medicines Agency (EMA) for the treatment of IBS in women. In the US, marketing approval is pending after the FDA issued an approval letter last August.

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Counterpoints



Five herbal creams on the market

The Health & Diet Company is launching five herbal creams in its FSC range. The products are available to pharmacies and health food shops.

Horse Chestnut cream is a revitalising formula of witch hazel, rosemary oil and horse chestnut. The massaging action may help to maintain circulatory health.

Tea Tree cream contains nine herbal ingredients, including echinacea, milk thistle, rosemary oil and Oregon grape for cleansing.

St John's Wort cream is a calming combination of St John's Wort, lemon

balm, Avena Sativa and camomile oil.

Aloe vera cream is a nourishing formulation of aloe vera, lavender oil, calendula oil and camomile oil.

Capsicum cream can be massaged into limbs and muscles at the end of a tiring day. It contains a combination of capsicum, ginger and peppermint oil.

The creams are suitable for vegetarians and vegans and have not been tested on animals.

Retail price is £3.99 for a 50g pot.

The Health & Diet Company.

Tel: 01204 707420.

L'Oréal splashes out with longer lashes

L'Oréal is launching a waterproof version of its Longitude mascara which lengthens and separates the lashes.

Longitude Waterproof mascara is formulated to be splashproof and swim-proof. It utilises L'Oréal's Extensel technology which is claimed to lengthen eyelashes

by up to 30 per cent.

The product is only available in black and comes in a stylish aqua blue casing. It is suitable for sensitive eyes and contact lens wearers.

Retail price is £6.99.

L'Oréal (UK) Ltd.

Tel: 020 8762 4000.

Braun gives shaver a new charge

Braun is improving its Flex Integral shaver with the addition of a self-cleaning and recharging unit.

The new Braun Flex Integral 5441 has a pivoting head, platinum coated twin foil and integrated long hair cutter.

It comes with its own clean & charge unit to charge, clean and dry the shaver hygienically and conveniently.

The unit also lubricates and stores the shaver to keep it in peak condition.

The retail price of the shaver is around £99.00.

Braun UK.

Tel: 0208 560 1234.



Let there be light, says Elizabeth Arden

Elizabeth Arden launches two illuminating skincare products nationwide from August. They are exclusive to Selfridges from this month.

Let There Be Light Radiant Skin Lotion SPF15 (rsp £20.00, 50ml) is a lightweight, pearlescent liquid with micro-light particles, vitamins and botanicals. It is formulated to brighten skin and give a lasting glow.

Let There Be Light Radiant Skin

Compact SPF15 (rsp £16.00) is a cream to powder formula to give skin a soft, natural radiance. It comes in a white compact with its own sponge.

● Elizabeth Arden will launch invigorating shampoo, conditioner, body exfoliator and deodorant spray with the zesty Green Tea fragrance on July 2.

Elizabeth Arden Ltd.

Tel: 020 7574 2700.

Take a spin with Crest's toothbrush range



Procter & Gamble is launching a disposable, battery-operated toothbrush range in the UK.

The Crest Spinbrush range is already a success in the US following P&G's acquisition of Dr John's Company (toy specialist) earlier this year.

The toothbrushes come in 14 variations: Classic for adults (four colours), Youth (six neon colours), Boy (racing car or rocket design) and Girl (mermaid or mobile phone design).

Designed in conjunction with dental professionals, the toothbrushes combine both stationary and high-speed oscillating bristles.

P&G says the design enables users to brush in the same way as they would with a manual brush while receiving the cleaning, polishing, plaque removal and gum massaging benefits of an electric brush.

Features include a "try me" device to allow customers to experience the benefits in-store.

The brushes are water-resistant with batteries included.

Retail price is £4.99.

● Numark will run a display line promotion for the range in August.

Procter & Gamble UK.

Tel: 01932 896000.

Neutrogena clears the way for coloured hair

Neutrogena is launching a clear haircare range especially for coloured hair.

Neutrogena Clean for Colour comprises three products: Colour-defending Shampoo, Conditioner and Foam.

The products are formulated to help protect hair against shampooing, blow drying, exposure to the sun and tap water which can all cause hair colour to fade. The shampoo contains gentle cleansers to wash away deposits and its clear formula contains no dyes that can interfere with hair colour.

The conditioner includes UV

filters to combat fading caused by exposure to the sun.

The foam is a lightweight leave-in product for use on wet or dry hair. Formulated to strengthen and condition hair, it also contains UV filters. The products are formulated to leave no heavy colour-dulling residue.

US pop singer Mandy Moore will be used to promote the range in the UK.

Retail prices are £2.99 for the shampoo and conditioner (300ml) and £3.99 for the foam (118ml).

Neutrogena (UK) Ltd.

Tel: 01628 821525.



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ALLERGY

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INDICATIONS: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

AGE AND ADMINISTRATION: Adults and children 6 years and over: 10mg once daily. In renal insufficiency halve the dose to 5mg (1/2 tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Do not use in pregnancy and lactation.

PRECAUTIONS: Do not exceed recommended dose, particularly if driving or operating machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.45 (retail)

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 08972/0032

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002.

* IMS HEALTH MIDAS data. UK sales July 1999-June 2000.
Date of preparation: February 2001
UCB-Z-01-10



IN BRIEF

Daktarin Gold on TV

J&J MSD Consumer
Pharmaceuticals will support its Daktarin Gold athlete's foot cream with a £1.5 million TV campaign this summer. The commercial will be on air from June until mid July.

J&J MSD Consumer
Pharmaceuticals.
Tel: 01494 450778.

A healthy read

Creative Health Products is introducing a new health-related fitness and wellness products catalogue. Products range from performance, power speed and cardiovascular equipment to rehabilitation, agility, relaxation, beauty and back care items.

Creative Health Products.
Tel: 01926 816177.

The price is right

UniChem has launched an antibacterial handwash in its own brand range. An introductory retail price of £0.99 is available until June 30 (normal rsp £1.29). The product offers pharmacists a 42 per cent profit on return. The price can be highlighted through shelf wobblers.

UniChem Ltd.
Tel: 020 8391 2323.

Durex sponsorship

SSL International has signed a £3 million European advertising deal with MTV for Durex. The deal comprises a 12 month on-air campaign across Europe and sponsorship of the "Dance Floor Chart" series plus sponsorship of two major live club tours across Europe. The advertising features sperm characters recreated in merchandise and live events.

SSL International plc.
Tel: 0161 654 3000.

Halls campaign

Adams is running a major sampling campaign for its Peach & Raspberry and Blackcurrant flavour Halls Soothers. Special blister packs containing four sweet sample sticks will be distributed nationwide.

Adams.
Tel: 02380 620500.

Feria blondes have more fun in 3D

L'Oréal is launching three new multi-faceted blonde shades in its Feria permanent hair colour range.

L'Oréal Feria Color Iridescent Collection combines warm tones of silver and gold to create subtle blonde tones with a shimmering 3D effect.

The three shades are Ice Blonde – a very light blonde with a touch of rose quartz. Light Blonde with a cool pearl shimmer and Champagne – a medium blonde with a golden glow.

Retail price is £6.99.
L'Oréal Group UK.
Tel: 020 8762 4000.

SUPERMARKET SWEEP

Average unit price	Asda		Sainsbury's		Tesco	
	12th May 2001	19th May 2001	12th May 2001	19th May 2001	12th May 2001	19th May 2001
Nurofen tablets 16s	2.29	1.30	2.29	1.35	2.29	1.78
Anadin Extra 16s	2.15	2.15	2.15	2.15	2.15	1.40
Rennie 24s peppermint	1.69	1.37	1.69	1.69	1.69	1.29
Benylin Chesty Cough	3.39	2.96	3.39	3.39	3.40	3.40
125ml non-drowsy						
Sanatogen Gold A-Z 90s	9.89	5.37	9.99	9.99	9.99	7.52
Calpol Sugar Free	2.75	1.57	2.75	2.75	2.76	2.76
10X5ml sachets						
Vicks Vaporub 50g	2.99	2.99	2.99	2.99	2.99	2.99
E45 cream 50g tube	1.85	1.85	1.89	1.89	1.85	1.85

This is the first review of weekly data from Information Resources, which shows how key grocers are reacting to the abolition of RPM

Men told to face up to skincare crimes

Accantia Health & Beauty is supporting its new Simple Skin Defence for Men range with a £500,000 advertising campaign.

The campaign draws attention to the criminal things men do to their skin. Advertising showing the typical state of men's bathrooms is appearing in major men's magazines this month. The range will also be featured in posters on London Underground and Ad-Rail sites.

Accantia Health & Beauty Ltd.
Tel: 0121 327 4750.

Sigma shapes up with new patch

Sigma Pharmaceuticals has used the latest patch technology to develop a new product designed to aid slimming.

Shape Patch contains an extract from bladderwrack, a seaweed believed to help weight loss.

The natural formulation is absorbed through the skin and contains no additives, preservatives or chemicals.

Sigma says users can continue to eat normally, but will feel full and therefore eat less. The company claims that once the patch is in place, results should be felt on the first day.

Retail price is £39.95 for a month's supply.
Sigma Pharmaceuticals.
Tel: 01923 331403.

Bayer's BEST way to educate pharmacists

Bayer is introducing a series of informative modular education and training initiatives for pharmacists on insect repellents.

The BEST (Bayer Education Support & Training) initiative includes an illustrated guide to choosing an insect repellent.

The module contains information about the findings from a recent report by the World Health Organisation Pesticide Evaluation Scheme.

The report states that the repellent properties in Bayrepel (the active ingredient in Autan) are "often superior to those of the standard DEET".



The manual is being distributed to pharmacies nationwide.

Bayer plc Consumer Care.
Tel: 01635 563000.

ON TV NEXT WEEK

Aqua Protect plaster All areas

Beconase Hayfever: C4, GMTV, U, Sat

Benadryl Allergy Relief: All areas except GTV, U, STV, C, CTV, TSW

Clearasil: HTV, CTV, W, M, LWT, CAR, C4

Daktarin Gold: C4, Sat

Imperial Leather dancing duck: All areas

Nivea for Men: C4, Sat

Panadol: U

Wella Vitality: All areas except GMTV, TSW

Witch skincare: All areas

Pharmasite for next week: Clarityn – Window, Clarityn – In-store,

Clarityn – Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

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Fresh outlook for pharmacies

In the first of a new monthly series of product category reviews, Information Resources analyses the personal hygiene market in pharmacies. Each month, an expert from a different pharmacy group will comment on how the product category is performing

Personal hygiene is clearly an important category for UK retailers, with sales in excess of £828 million per annum. However, it seems the category that keeps Britain feeling and smelling fresh is experiencing a considerable decline.

Within chemists, value sales for the personal hygiene category are down 0.3 per cent, equivalent to over £5m.

Some of this may be attributable to aggressive pricing activity in supermarkets. But, it's worth noting that grocery sales are also displaying a

marked decline – down 3.7 per cent or £26.2m.

Only three of the smaller sectors within the category have managed growth, namely bath salts (+5.5 per cent), liquid soaps (+3.7 per cent) and other bath products (+218 per cent).

While success for other bath products is derived primarily from the introduction of a number of new products, liquid soaps have undoubtedly been stealing from bar soaps to improve performance – with Carex (Cussons UK) and Radox (Sara Lee) as the top brands.

Growth in the smaller categories suggests that while price conscious consumers (wooed by discounting and promotional activity) may be prepared to buy the more commonplace products in supermarkets, chemists are the obvious choice for more niche products.

In an increasingly competitive market, it seems stretching or extending brands is more lucrative and conducive to success.

Elida Fabergé pursues a "New Year, new scent" strategy for its Lynx range. Stretching the brand to new variants helps keep the sector, brand, and presumably the user, fresh.

Lynx deodorants dominate the category, with sales of £3.4m per annum. Despite a large decline in sales compared to last year, the brand remains unrivalled in the number one position.

The two brands enjoying growth within the top 10 are Radox bath liquid and Dove bar soap, up 21 per cent and 17.7 per cent respectively.

Radox continues to do well in chemists due to the sheer size of the brand and its distribution. Another advocate for the brand extension strategy, the core brand continues to

be stretched across new variants, helping to maintain interest.

Further benefiting from the strength of the Radox brand is the Vitality body wash – launched by Sara Lee in the summer of 2000. Within 10 months, the product achieved sales of £147,000.

Supported by extensive TV advertising, Dove soap bars continue to find their way into consumers' shopping baskets.

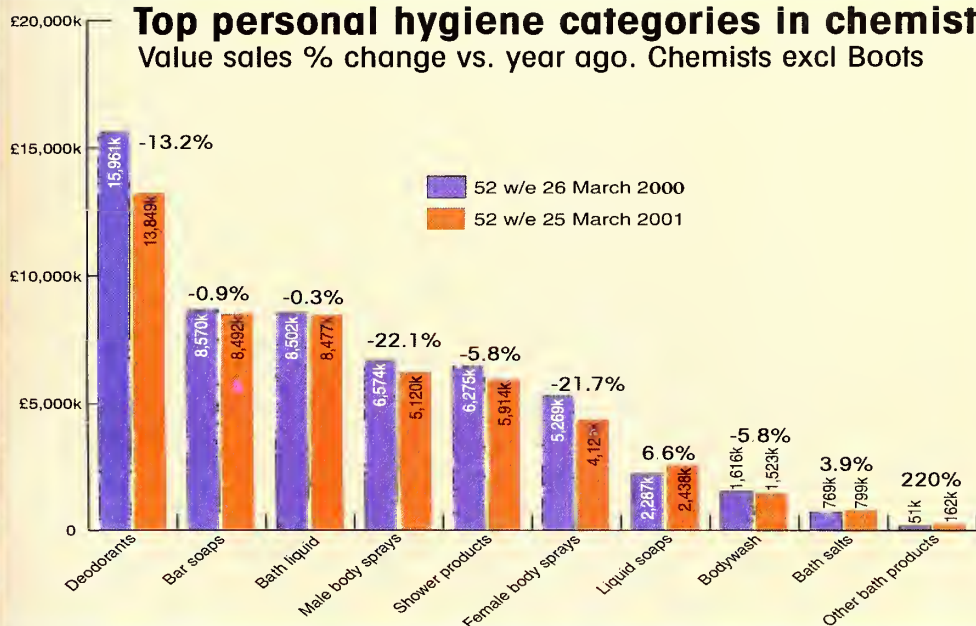
Despite a move away from traditional bar soaps to new liquid soaps, Dove continues to prosper within chemists because many older consumers remain loyal to the more traditional formats.

Premium priced Dove Nourishing body wash is another brand extension. Innovative packaging has helped contribute to its success by making the product stand out on shelf.

Johnson's Baby Bedtime is a new baby toiletry doing well within the category. Since its launch six months ago, this product has achieved sales of £75,000 within chemists (£2.6m – total market) and is now the leading bath liquid for Johnson & Johnson.

Top personal hygiene categories in chemists

Value sales % change vs. year ago. Chemists excl Boots

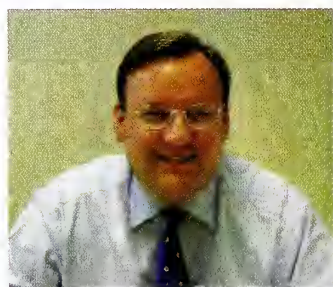


Top pharmacy products

- 1 Lynx bodyspray
- 2 Sure 24hr intensive deodorant
- 3 Radox unisex bath liquid
- 4 Impulse bodyspray
- 5 Right Guard deodorant
- 6 Dove bar soap
- 7 Dove moisturising cream deodorant
- 8 Soft & Gentle deodorant
- 9 Sure for Men 24hr intensive deodorant
- 10 Mum deodorant

information resources

Paul Wilkin, senior marketing executive, Moss Pharmacy



Paul Wilkin: key lines

The personal hygiene category is an important sector for Moss Pharmacy, accounting for 9 per cent of sales.

This is an increase of 6 per cent on the previous year which Moss attributes to competitive pricing and promotions on key lines.

One of Moss's fastest growing sectors in the personal hygiene category is aerosol deodorants, with an increase of around 5 per cent year on year.

Outside the aerosol sector, Impulse body sprays are leading the way, showing a 10 per cent growth – mostly driven by the introduction of new variants.

New formulation liquid soaps, body washes and shower gels are leading the way when it comes to the soap/bath preparation market. These currently represent 25 per cent of Moss's personal hygiene category. Current areas of decline in the market are bar soaps and bath preparations.

Maintaining our competitiveness against grocers is key in the personal hygiene category. Moss has responded by selecting a number of key lines (eg Tampax)

and bringing the prices in line with grocery competition.

These prices are monitored weekly to maintain their competitiveness. Also, other products are benchmarked against grocery competition to ensure that any premium is kept at an acceptable level.

Moss has also focused on offering half price and BOGOF deals positioned on gondola ends within key toiletry lines. As a result, Moss has seen five and tenfold increases during promotional periods and more impulse buys from people buying medicines or picking up prescriptions.

With Resale Price Maintenance on medicines gone forever, could photography provide pharmacists with a much-needed opportunity for business success? **Nina Keller-Henman** investigates

Picture this – high margins plus a crowd puller

Following the sudden collapse of the court case over Resale Price Maintenance last month, independent pharmacists are increasingly facing a difficult choice about the future direction of their business.

Most pharmacists may decide to go down the professional route by concentrating on healthcare products and getting involved in medicines management.

Then again, UniChem's "pharmacy-convenience store concept" (C&D May 19) may provide a viable alternative for some pharmacists.

However, they have also been urged not to ignore the huge potential offered by the photography category.

"The whole photographic market provides a great opportunity for pharmacists, especially considering the growth potential currently being forecast," says Ian Bray, AAH Pharmaceuticals' marketing director.

"Photography as a category is certainly making a comeback at the moment and it has always been a traditional element within pharmacy," says Stuart Madden, Moss Pharmacy's minilab manager.

Kodak puts the total value of the UK photographic market for 2000 at £1.4 billion¹. That year the market grew 3 per cent compared with the previous year, but analysts forecast a 6 per cent increase in photo sales for 2001.

D&P (development and processing) currently accounts for around 40 per cent of the total photography market and is worth an estimated £540 million¹.

Both UniChem and Kodak research shows that independent pharmacists have captured between 11 and 12 per cent of the D&P market, still well ahead of the supermarkets (6 per cent) and almost on a par with stand-alone minilabs (12 per cent).

While UniChem predicts that the



Photo sales could rise 6 per cent this year

supermarkets will gain some ground in 2001, its figures also suggest that this increase in market share comes at the expense of specialist camera shops and

integrated D&P departments. So is it time for more pharmacists to get serious about photography and invest in a minilab?

Well, the experts certainly appear

confident that photography is a viable option.

"There are excellent opportunities for pharmacists to install minilabs, with more and more consumers in the 'cash rich/time poor' category. Nobody wants to wait long for anything," says Robert Carr, managing director of Tudor Photographic Group.

He points to the tailor-made solutions for pharmacists offered by many mini-lab manufacturers, such as Agfa's partner scheme and the Fuji Image Service, which offer extensive merchandising and promotional support while allowing pharmacists to carry the Agfa/Fuji branding.

According to Fujifilm, the general direction of the market shows a definite move towards convenience and high speed, with customers moving away from mail order in favour of one-hour services.

"Pharmacists can fight back," says Paul Henry, Agfa's sales executive for London and the South East.

He estimates that around 75 per cent of his mini-lab customers are in fact pharmacists.

"Pharmacists already have an existing business with a solid customer base and are mostly well located," he says.

Mr Henry sees the independent pharmacist's main strength as the ability to react quickly to customer demand and provide alternative services such as 20-minute processing, larger size prints and

Continued on P20 →

D&P by volume sales

Type of outlet	Market share 2000	Expected market share 2001
High Street multiple	24	24
Integrated D&P (Klick, Supasnap)	20	19
Mail Order	19	19
Stand-alone minilab (Kodak Express etc)	12	12
Pharmacy	11	11
Camera shop	7	6
Supermarkets	6	8

Source: Moss Pharmacy

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- Available from all ethical wholesalers
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Mediven travel medium – Caramel	177/1/M
Mediven travel large – Caramel	177/1/L
Mediven travel x-large – Caramel	177/1/XL
Mediven travel xx-large – Caramel	177/1/XXL

Description	Short code
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Mediven travel medium – Black	177/5/M
Mediven travel large – Black	177/5/L
Mediven travel x-large – Black	177/5/XL
Mediven travel xx-large – Black	177/5/XXL

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Ref 1. Scurr JH, et al. Frequency and prevention of deep-vein thrombosis in long-haul flights: a randomised trial. *The Lancet* May 2001; vol 357 nos. 9267.

mediven® travel

→ Continued from P18

variations in the quality of the photographic paper used.

"As soon as you put a minilab in you open yourself up to all these additional services," he explains.

He also feels that customers are a lot happier knowing that their film will not be leaving the premises and cannot get lost.

The multiple grocers and some pharmacy chains certainly appear to have caught onto the fact that there are profits to be made in photography.

According to Mr Henry, Safeway intends to install minilabs in 30 of its stores over the next three months, while Moss has plans to extend the number of minilabs in its branches from the current 29. Five of the 30 pharmacies the chain has acquired since the beginning of the year have an integrated minilab.

Mr Madden says this gives a rough indication of the percentage of in-store minilabs Moss is looking for.

He is also convinced that "minilabs really are a kind of film magnet - once you put a minilab into the store you will increase the number of films at least three-fold."

Some pharmacists appear to have done even better than that.

The owner of one East London pharmacy has seen the number of films brought into his shop rise from 30 a day to around 300 a day since he installed his first minilab five years ago. He now dedicates about half the available floor space to photography.

While there is no need to go quite this far, Agfa stresses that the category needs to be given enough prominence.

"Pharmacists tend to give far too little space to auxiliary products, such as films, albums and frames. They put in the minilab but nothing else," says Mr Henry.

While minilabs themselves on average only require around 1.3 sq m, Mr Madden suggests that an area of at least 4m x 3m should be allocated to



Fuji's Frontier 330 minilab features a full range of digital imaging services

the D&P category to allow it to fulfil its real potential.

"Pharmacists often lose out on auxiliary sales - they just aren't hard-selling people. The ideal scenario is to never sell a print without a frame or at least a replacement film," says Mr Henry.

He believes that, along with reprints and enlargements, this is where the real profits are to be made. While profit margins for standard D&P average around 25 per cent (according to UniChem figures), margins of up to 300 per cent could be made on films, and also on frames and albums.

Mr Henry also feels that pharmacists need to become cleverer at selling packages rather than encouraging the customer to focus on price.

For example, rather than quoting £4.99 for a one-hour service, why not offer customers the choice of a "Gold package", which could include index prints, a free enlargement or replacement film, and a half hour service, charged at slightly more.

The customer still thinks he is getting a bargain while the pharmacist has increased the money value of his sale.

"There are also great opportunities for non-photographic link sales. Customers rarely leave without looking around and you usually get two visits, meaning two chances to sell," Mr Henry adds.

Digital or analogue?

"There is absolutely no doubt in my mind that analogue minilabs have had their day. Anyone planning to install their first minilab or upgrade an existing one should be looking at a digital model," says Tony Cornish, sales manager for Konica's Photo-finishing division.

Mr Madden agrees. "Digital certainly is the future - the call for digital services is going to balloon over the next two or three years. This is the time to invest in it," he says.

He accepts that the digital market so far is largely limited to commercial use (photographers, journalists etc) and that pharmacists may not be using the digital facilities to start with, but he still thinks digital is the way forward.

"While you can start to process only 35mm and APS films, having a digital minilab on-site will allow your business to offer prints from digital cameras, CDs, etc straight away. As the market grows, so will your business."

Opting for a digital minilab will open up opportunities such as offering customers personalised greeting cards, calendars, business cards or virtual photo albums.

Most of the minilabs currently on the market certainly have the capacity to process prints from digital sources, but some, such as Agfa's E-book, Kodak's "Order Station Lite" or Fuji's

"SmartPix" may need a "docking station".

There is a huge variety of minilabs available at present, ranging from entry-level machines to more sophisticated equipment. More are set to follow as Kodak has entered the minilab market for the first time with the System 88, manufactured to Kodak specification by Photo-Me International.

As Mr Henry points out, throughput of films is a major consideration when choosing a minilab.

Hit the spot

Having said all this, the best minilab cannot guarantee success if it is put in the wrong location. Prior research into the area and the competition is vital.

"Make sure you know the area, its customer base and look at the demographics," says Mr Madden.

There may also be opportunities to draw in commercial business from estate agents, architects, graphic designers or local papers.

"Most importantly, be a little sceptical about the figures manufacturers give you," Mr Madden suggests.

References

1 Kodak Business Research Estimates.

Passport to success

Another opportunity pharmacists are urged to consider is the growing need for passport photos. Now that new driving licenses must carry a photograph, this market is bound to grow considerably.

"The investment required in the hardware is soon recovered and the profits can be significant," says Robert Corr, managing director, Tudor Photographic Group. One of Konica's existing customers reports gross-profit margins of around 98 per cent on every passport photo he takes.

Lowrie Woodroof, Polaroid's product manager ID and Studio Polaroid (Northern Europe), says that one area where pharmacists have a real advantage over other passport photographers, and certainly over a photobooth, is the area of baby photos.

"With new passport legislation calling for all new babies to have their own passports - who better than the new mother's local pharmacist to take the picture?" he asks.

Karen Pack, Agfa's training specialist, estimates that pharmacists could charge as much as £3.99 for baby passport photos, which cost around 5p to process.



Agfa's MSC101.d minilab sees the whole developing and printing process through without any need for intervention



Polaroid's SPD360 digital passport system

UniChem launches 'Young Pharmacist Business Award'

**WATCH OUT FOR
THE JULY 14 ISSUE
WHEN WE WILL BE
PREVIEWING THE
FIRST ROUND OF
ENTRIES**

Eager to build funds for purchasing your own pharmacy? But see pharmacy ownership as an impossible or distant dream? If so you will be pleased to know that the UK's leading pharmacy wholesaler, UniChem, could have just the answer. For the first time, UniChem is launching a Young Pharmacist Business Award. All pharmacists who have qualified within the last five years, along with pre-reg students, are welcome to enter. The award will be on for the next six months through J&D. Prizes up for grabs include:

**£2,000 business
sursary for the
overall winner**

PLUS

A full expense paid 'jet set tour' of some of Alliance UniChem's affiliated European pharmacies. The winner will spend a day or two at each pharmacy viewing how they operate differently from country to country and report back with their features being printed in Chemist & Druggist.

**Three runners up
will receive
£800 worth of PC
equipment**

The finalists will be invited to UniChem's Great Business Awards, held in November at The Metropole Hotel in Birmingham where the winner will be announced.

All you have to do to enter UniChem's Young Pharmacist Business Award is tell us, in 700-1000 words, how you see a dependent retail pharmacy in 2020. It's as easy as that. See the entry form opposite for further competition details.



ENTRY TIPS

- There is no right or wrong answer
- The judges will be looking for an informed imagination
- Think about changes you think will happen within the industry. For instance - How will these affect the daily life of a pharmacist? What will the role of the pharmacist be? How will pharmacists deal with prescriptions? How will they communicate with their customers? The list is endless.

CALL TO ACTION...

Disillusionment among young pharmacists has become a hot debate at the recent Pharmacy Consultative Boards (PCB) run by UniChem nationwide. The reasons behind this disillusionment lie with the fact that many newly qualified pharmacists are worried about how they are ever going to afford their own pharmacy.

Struck by this belief that pharmacy ownership is beyond the reach of any young pharmacist, UniChem has created a unique industry programme to address this issue - The Young Pharmacist Business Award. Set to run annually, UniChem aim to help pharmacists qualifying and those that are newly qualified to start building financial funds and business knowledge in a bid to aid the younger generation towards pharmacy ownership.

ENTRY FORM

It's easy to enter! All you have to do is tell us, in 700 - 1,000 words, how you envisage a pharmacy to be in the year 2020.

Send your entry, along with this form to UniChem Young Pharmacist Business Award, NCPR, Bury House, 126-128 Cromwell Road, London, SW7 4ET.

To arrive no later than 31 July 2001.

Name.....

Address.....

.....Telephone.....Date of birth.....

When do you/did you qualify?.....

Where did you study?.....

Please sign here to state that you agree to abide by the competition rules stated below.....

Rules

Entry forms must be received by 31 July 2001. This competition is open to all pharmacists who have qualified within the last five years, plus pre-reg pharmacy students. Families and friends of Alliance UniChem, UniChem House, Cox Lane, Chessington, KT9 1SN and associated companies are not permitted to enter. Prizes are non-transferable. The first prize European pharmacy tour must be taken by 31 March 2002 and the winner agree to give their experiences. The judge's decision is final and no correspondence will be entered into.

A minilab success story



Shashi Gossain: keen to do it herself

In December 2000 Shashi Gossain had part of her pharmacy altered to extend the photographic services.

Almost two-thirds of Adam's Pharmacy's stockroom was transformed into a proper D&P area, completed by the Agfa MSC101.d minilab.

"We were looking at new ways to take the business forward," Mrs Gossain explains.

Adam's Pharmacy, in West London, has traditionally offered an overnight service. On average, five to 10 films were sent off to a film processing laboratory, until Mrs Gossain felt the time was right "to try and do it ourselves".

With no other outlets in the area offering a one-hour or 30 minute service, the pharmacy now handles around 40 to 50 films daily.

"Customers are delighted with the half-hour service. They generally like the idea of 'service while you wait'."

Every member of her staff has been trained to operate the minilab and Mrs Gossain has also begun to do contract work for surrounding shops, from which she collects the films.

They are collected in the early afternoon and returned the same day. Mrs Gossain charges the participating shops a commission.

Any regrets? Mrs Gossain estimates that she has spent around £120,000 on building work and the minilab itself, but insists that the exercise has been "well worth it".

Photographic sales have increased from accounting for one-fifth of the turnover to one third. The overall turnover of the pharmacy has increased by 20 to 25 per cent.

With limited space available for allocation to non core lines, pharmacists are facing the difficult task of choosing the right products to maximise the impact of the category

Too early to write off conventional film

With the arrival of APS and digital cameras, many predicted a quick demise of the traditional 35mm film. With hindsight however, this assumption may have been a little too hasty.

According to Konica figures, APS film is now levelling out at approximately 17 per cent of the market, which Konica believes is a sustainable level of demand.

Kodak research¹ shows that in 2000 there were only around 4 million APS cameras in use out of a total of 32.5m. The vast majority (27.1m) of cameras still use the traditional 35mm.

"Suffice to say that photography without 35mm would not be photography anymore," says Robert Carr, managing director of Tudor Photographic Group.

Market shift

While APS film is predicted to increase its market share slightly this year, reaching 5.6m¹, Mr Carr insists that nobody should write off 35mm just yet.

"True, the market has shifted in the last few years, principally in terms of film speed, with ISO 200 now taking a 48 per cent share and, surprisingly, ISO 400 accounting for more than 40 per cent of the market," he says.

AAH Pharmaceuticals' marketing director, Ian Bray, adds that almost 80 per cent of sales of own-label 35mm films are ISO 200.

Mr Carr sees the continued investment in 35mm by manufacturers such as the latest crop of ISO 800 films as an encouraging sign.

Kevin Day, director and general manager, Konica UK, has some concrete advice to offer.

"If I had to limit the film I had on sale, my recommendation would be to stock 35mm ISO 200 and ISO 400 plus APS

more, the market continues to boom. Having grown by as much as 29 per cent last year, predictions for 2001 suggest a 20 per cent increase,¹ with sales expected to exceed 10 million units.

"Disposable cameras have long since come to be accepted, not just as a one-off emergency purchase for people who have left their camera at home, but as a viable alternative to a 'proper camera' because they are light, easily portable and produce good quality results," says Mr Day. Graham Jackson, Agfa's national sales manager (retail), adds that single-use cameras should always be placed near the sales counter.

"They are growing more and more popular, with many people using them for parties, holidays and family outings," he says.

Batteries

Mr Bray also sees a great opportunity for pharmacists in selling products such as batteries, which have a cash rich margin.

However, as Danny Williams, marketing director of Swains International, points out, placing high value items on display carries the inevitable risk of theft. Swains has therefore recently launched a theft-proof merchandiser for Kodak batteries (free with a certain quantity of batteries). The merchandiser, seen left, has been specially designed to ensure that batteries can only be removed from the back.

References

¹ Kodak Business Research Estimates.



200. This would suit the greatest number of customers."

Disposable cameras also appear to be a must-stock item.

"The growth of single-use cameras has been nothing short of spectacular," says Mr Carr.

The disposable camera market in the UK is worth around £75m, accounting for 10 per cent of all colour-negative film sales¹. And what's

Summer promotions

Free photo album

UniChem will be running a special D&P promotion offering customers a free photo album with every order for an overnight development service on 5x7 prints. The summer promotion started on May 29 and will last until July 27.

Kodak Films

UniChem will be offering a third off the Kodak ISO 200 35mm film with 24 exposures. This has been the biggest seller in the pharmacy sector, according to UniChem, which will launch the promotion on June 22. It will run for five weeks until the end of July.

Holiday bargains

Agfa has started the holiday season early with a number of special offers.

For 35mm film users there is the Duo Holiday Pack Vista, which contains two ISO100 films. The pack is available in two sizes 2x (24+3) exposures, retailing at £4.99 and 2x36 exposures at £5.99.

The equivalent offer for APS cameras is the Duo Holiday Pack Futura, which includes two ISO 200 films with 25 exposures (£5.99) or 40 exposures (£6.99) each.

A disposable camera set for day and night shots is also included in Agfa's summer offering. Le Box Go Flash & Outdoor Duo Holiday Pack contains two disposable cameras with a 24+3 exposure film (ISO400), one of which has a flash. The pack costs £10.99.

Free shots

Kodak is offering customers free shots on selected 35mm and APS films as part of its summer promotion.

On Kodak Gold Ultra (ISO400) customers will get 12 extra exposures, ie 36 exposures for the price of 24.

The equivalent offer for APS camera users is an additional 15 exposures on Kodak Advantix film, ie 40 exposures for the price of 25.

To support those added value promotions Kodak is giving consumers the chance to enter a free prize draw, with the star prize being a brand new Lotus Elise, worth £23,000. Three runners-up will win a Lotus Driving Experience at the Lotus test track in Norwich.



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Erica Barrie: proactive

Erica Barrie exudes enthusiasm about Wales. "Everywhere there is so much to do," she says. "Wherever you go everyone is working furiously to address the opportunities the National Assembly for Wales offers. There has been a huge agenda for consultation, with the Assembly issuing many papers over the last two years."

This is why she describes the development of her role as secretary as exponential.

"The Assembly takes a pride in consulting widely and taking note of suggestions and views that will help it achieve the overall aims of its strategic plan."

"Because Wales is a small country the Government is much closer to the people and they do take notice of the comments that are made," she says.

The overall strategic plan for Wales is called *Better Wales* and this could be an appropriate description of the way the Assembly appears to be proceeding about its business. Ms Barrie describes the communication with the Assembly literally as "very interactive, very live". All Assembly members have terminals at their seats and can send and receive e-mails during plenary sessions.

Getting started

The Society's Welsh Executive is now invited to respond to many consultations, but this was not always the case. "Initially it was about making sure we were on the appropriate lists - and we are now, but as in any new environment, one has to work to gain that credibility and it is a credit to the Welsh Executive that it has been achieved," says Ms Barrie.

The secret of the Executive's success lies in its dynamic approach: "It's about being proactive at the beginning of the process, communicating with the policy formers and decision makers and not just reacting once a consultation document has been published."

Ms Barrie uses the Assembly's sexual health strategy as one of the earliest examples of the success of

Striving for a *Better Wales*

Erica Barrie, secretary to the RPSGB's Welsh Executive, tells **Vanessa Sherwood** how the Executive is trying to ensure that the role of pharmacy is recognised by the National Assembly for Wales amongst others



Communication with the National Assembly for Wales has been "very interactive, very live"

the Executive. "There was this very definite statement in the strategy about the input from pharmacy to help improve the sexual health of the people of Wales. That came about through meeting with officials who were responsible for developing the consultation document well before it was published, informing them about what it was like in the real world of pharmacy. By the time the consultation document came out there was already a recognition of the role and value of pharmacy."

Further evidence that this proactive approach is successful is the recognition of the important role pharmacy has to play in *Improving Health* in Wales and the recommendations in the report of the Prescribing Task and Finish Group.

"Now we also find that [other] organisations are contacting us much earlier on in the process and using the Executive as an information source," she says. "This gives us an opportunity to involve the pharmacists with special interests who have made themselves known to us, or whom we have sought out."

"We must be completely aware at all stages. It's important to be tuned into the forward programme of the Health and Social Services Committee and keep in touch with voluntary organisations, civil servants and officials in the Assembly. Whether it's a member of the Executive or one of the 2,200 pharmacists in Wales, we really value having the intelligence fed back to this office. We now have a wide network of people who will drop us a quick e-mail about what's going on," she says.

Making links

Each member of the Executive is inviting Assembly members to visit a local pharmacy, and several visits have already been made.

Instead of the annual reception at Cardiff Castle the Executive will be focusing on smaller, targeted meetings. Some of these will be held over the summer at the Society's headquarters in Mount Stuart Square, just a few minutes' walk from the Assembly building. The plan is to invite health spokesmen, research support staff, and other

organisations interested in health.

"The purpose of these smaller meetings is to share information and they are very helpful on both sides. Assembly officials like to find out how it really is from our perspective for the patient and how things can be improved and we find out more about their policies for healthcare," says Ms Barrie. The Executive has also attended the Welsh party conference.

"While we have been establishing our credibility over the last two years, what we have been keen to do is see out the opportunities where pharmacy needs to be recognised for the valuable role it plays in the health and wellbeing of the people of Wales," she says.

"The whole philosophy in Wales is about promoting health and trying to move from an illness service to a preventative service to help people remain well," she continues.

In line with this principle the Welsh Executive strongly supports the Assembly's policy on freezing prescription charges at £6.00 and making them free to all people under 25 years old.

Another priority identified in the Executive's strategic plan is to try to promote two-way communication with the branches.

"Links with the members are very important to give them a feeling of ownership," says Ms Barrie.

The chairman and vice-chairman visit as many branches as possible, and the other 10 members of the Executive are each nominated to a branch, offering to attend at least one branch meeting a year.

"The newsletters have developed a long way and we hope that this does inform members about the initiatives the Executive has taken and the progress that has been made to have pharmacy recognised," she adds.

Ms Barrie explains the good links, both formal and informal, with Lambeth and with the Royal Pharmaceutical Society in Scotland.

"At least twice a year there is a meeting of the president, vice-president, the chairman and secretary of the Scottish and Welsh Executives and the Secretary and Registrar. This is a very useful forum to share information and knowledge."

She denies that devolution means the Welsh Executive has much in common only with Scotland, though. "We've all got lots in common," she states firmly.

Pharmacy family

Ms Barrie describes the workforce in Wales as being the "pharmacy family" and in it she includes all pharmacists, irrespective of the sector they practise in, as well as technicians, dispensers, administrative and support staff. "We need the whole 'pharmacy family' to pull in the same direction to make the big changes outlined in *Improving Health in Wales* and the *Prescribing Task and Finish* report," she says.

"The Executive has demonstrated that by promoting partnership working, recognition comes. In a similar way, at a local level, the same opportunities can be realised by pharmacists networking, helping and supporting each other."

Unlike England's primary care groups, the 22 local health groups in Wales each have a pharmacist on the board. "Pharmacists should get to know the pharmacist on the LHG board and their local pharmaceutical advisers," she says.

By 2003 health authorities in Wales will have been abolished, enhancing the role of LHGs and bringing the decision-making closer to the people.

"Pharmacists need to work up solutions to the local priorities in LHGs. You've been recognised in the overall strategic plan for Wales - go out there and turn that strategic opportunity into an action."

"Improve the health and wellbeing of the people of Wales, improve the services you are giving, get



The Society's Cardiff house is minutes from the Assembly



During her pre-registration year Ms Barrie was awarded a prize in recognition of "academic achievement and character assessment of commitment to pharmacy" by the Natal coastal branch of the Pharmaceutical Society in South Africa

professional satisfaction and everyone will be happy, won't they? I hope so."

Biography

1972 - Pharmacy degree: for the first three years Ms Barrie studied in Durban and did her final year in Johannesburg

1976 - Pre-registration year in community pharmacy on the outskirts of Johannesburg

1977 - Pharmacy manager in northern outskirts of Harare, Zimbabwe during the civil war

1979 - Ms Barrie came to Britain. She worked for Boots as a dispenser and after passing the Sunderland overseas examinations completed three months pre-registration at Crawley hospital

1981 - worked for Boots as a pharmacy manager in Sussex

1983 - Glaxo medical representative in Sussex

1986 - promoted to clinical research associate covering post-marketing clinical trials for Glaxo products in South East England

1989 - several short term contracts.

During this time Ms Barrie also travelled to America and South Africa

1994 - appointed pharmaceutical adviser to East Sussex Family Health Services Authority. During this time Ms Barrie completed an MSc in Health Sciences at St George's Hospital medical school

1996 - appointed director of Pharmaceutical Public Health, Morgannwg Health Authority, Swansea

1999 - appointed secretary to the Royal Pharmaceutical Society's Welsh Executive.

Plans for Wales

● *Improving Health in Wales - a Plan for the NHS with its partners*, published February 2001. Pharmacy was recognised as one of the key partner professions and an integral part of primary care.

● *Report of the Task and Finish Group for Prescribing in Wales*, published March 2001. The report promoted the role of pharmacists and called for community pharmacists to be full members of the primary healthcare team. There were also recommendations on pharmacist involvement in repeat dispensing, pharmacist and nurse prescribing, patient-pack use and inter-professional working.

● *The Primary Care Strategy for Wales* will be published this summer. A pharmacist is on the steering group.

Capitalise On Calpol Infant Suspension Sachets This Summer



With summer on the horizon, holidays are at the forefront of everyone's mind. Parents will soon be rushing into their local pharmacy for their last minute travel supplies, and in particular, their saving grace - Calpol sachets (contains paracetamol).

Calpol sachets are the ideal product for parents concerned with maintaining children's health on holiday. Many parents have discovered - too late - that Calpol is not available abroad. Therefore stocking up on the convenient Calpol sachets is a top priority and a major profit opportunity for pharmacies.

With 70 per cent¹ of purchasing decisions made in-store, visual impact generated by themed displays can mean a substantial uplift in self-selection. Dual siting a 'holiday essentials' display in a window display and at point of sale can draw consumers into a pharmacy, and help increase sales and profitability.

In summer 2000, sales of Calpol sachets were up by an impressive 38.5 per cent year on year. Between May and August 2000, Calpol sachets provided an impressive £500,000 sales in pharmacy alone.

FACT FILE

Calpol is committed to educating and supporting parents. Calpol's range of consumer leaflets include: *A Guide to Common Childhood Ailments*, *Childhood Pain & Fever* and *Immunisation For Your Child*, can be used as counter top aids for pharmacists offering advice to customers. They can be effectively displayed at point of sale or alongside the children's section. Free leaflets are available by calling the Warner Lambert Advisory Bureau on 02380 628 274.

Calpol sachets Product Information.
Presentation: Each 5ml suspension contains 120mg Paracetamol Ph Eur. Uses: Treatment of mild to moderate pain (inc teething pain) and as an antipyretic. Dosage: repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Infant Suspension: Children 1 - 6 years: 5 - 10 ml; 3 months - 1 year: 2.5 - 5 ml. Always read the label/leaflet. Further information from Warner Lambert Consumer Healthcare, Chesham Avenue, Eastleigh, Hampshire SO53 3ZQ. Tel: 02380 628 487. *POP Advertising Institut

Numark and APS Berk in Contract Pricing scheme

Numark and APS Berk have launched a contract pricing scheme which is aimed at "delivering the benefits of a full line wholesaler scheme at short line prices".

Under the scheme, which went live on June 1, Numark pharmacists agree to source all generics from APS, if they are in the APS product range, and have them delivered via their first line wholesaler.

Numark has promised that the products will be price-checked monthly against a list of agreed short line wholesalers, and that it will publish these prices in a password-protected section on its intranet.

For logistical reasons, the system works retrospectively, as manufacturers' predictions for the best wholesale price for a certain product are finalised before the price list from short liners is published.

Extra rebates will be paid to shareholders to make up the difference between the two prices.

For example, the best price for amoxicillin 500mg (21caps) was predicted to be 72p. The price offered by one or more short liners, and the price listed on the intranet, was 52p, resulting in a rebate of 13p payable to shareholders at the end of the month.

"Trying to obtain the best deals on generics can take up a lot of the pharmacist's time - we are providing a solution to this problem which will be of great benefit to our shareholders," said Andrew Sollitt, Numark's marketing director.

He added that as well as freeing pharmacists' time, the initiative would lead to increased customer loyalty, as patients would always receive a generic product from the same manufacturer.

Mr Sollitt concluded that the initiative positioned Numark shareholders well for further increases in their generic business.

"The contract pricing scheme basically takes the price out of the equation. Pharmacists can be comfortable that they are getting a competitive market price, while we can sell our products on the basis of a twice-daily delivery, without the need to argue about prices," added APS Berk's commercial director, John Beighton.

"Pharmacists get special pricing in return for their commitment," said Mr Sollitt.

Numark pilots open display of prescription medicines

Numark is experimenting with an open display for P medicines, placing them alongside GSL products in the same category.

The move is part of Numark's new concept store, which is currently being trialed at Lansdales Pharmacy in High Wycombe.

Although they are merchandised as one category, P medicines have red price labels and GSL products have white ones.

Barker cards on the shelves inform patients that they will be asked a series of questions about their selection and that the pharmacist may recommend an alternative product or refuse the sale.

A product's P status will also be highlighted by the EPoS system when it is paid for.

Numark's deputy managing director, David Wood, told delegates that most pharmacists realised that it adversely affected sales if they did not have a self-selection GSL section. This, however, led to a merchandising and marketing situation where P and GSL products were separated.

Acknowledging the contentious nature of the proposed concept, Mr Wood said that medicines were not everyday items of commerce.

He insisted, however, that pharmacists needed to justify their monopoly on P medicines by showing clear added value to the consumer and, more importantly, the regulatory authorities.

"Preventing the self-selection of P medicines does not do that. There is no need to think that by allowing the self-selection of P and GSL medicines that the pharmacy is somehow seen as less professional," Mr Wood added.

As self-selection of P medicines is still barred by the new Code of Ethics, Mr Wood outlined some of the elements of the protocols which were agreed with the Royal Pharmaceutical Society before the trial was allowed to take place.

These include:

- a requirement that all medicines can be clearly seen from the pharmacy counter
- sales can only be made by a pharmacist or trained medicines counter staff
- all patients are counselled to ascertain if their choice is appropriate
- sales can only take place when a pharmacist is on the shop floor or in the dispensary
- the pharmacy must be a single till pharmacy

Newly deregulated medicines or those liable to abuse are not on display. All assistants have individual logins on the EPoS system, enabling an audit trail to be kept of all transactions.

While the scheme was generally well received by delegates, John D'Arcy, chief executive of the National Pharmaceutical Association, voiced some concerns.

He admitted that he could see the commercial rationale behind a joint merchandising of P medicines and GSL products in terms of empowering patients and showing them the full range of products available.

But he was concerned that the move would change the focus of P medicines from being a professionally-led category to being consumer-led.

"This will undermine professional intervention and is likely to accelerate the abolition of the P category," Mr D'Arcy said. He added that a lot depended on which protocols were put in place and how they were being implemented.

Sheila Kelly, executive director of the Proprietary Association of Great

Britain, called the concept a "brilliant idea", which was already being used in Sweden and Finland. "Provided that the P status is flagged up properly at the till I cannot see a problem," she said.

Andrew Sollitt, Numark's marketing director, was confident that customers would like the new concept store. Initial customer research had shown that 63 per cent of people preferred the new arrangement while 70 per cent said that this was a better way of displaying medicines.

Sixty four per cent of customers said that the new concept made it very easy to see what was available, compared with 8 per cent before the changes were introduced.

The new concept also includes a vastly reduced pharmacy counter and a special consultation area. The fascia clearly shows the "Numark Pharmacist" branding, as well as displaying the pharmacist's name.

Numark will conduct another four pilots, approved by the Royal Pharmaceutical Society, and is currently looking at potential sites.



Open shelving allows for the display of P and GSL medicines



The Numark new concept store in High Wycombe

Time to go with the flow

be flexible and go with the change was the key message conveyed by speakers at the Numark Convention.

"The NHS Plan and 'Pharmacy in the future' are not consultation documents. These are the plans and pharmacy has got to come to terms with the demands and opportunities in both documents," said John D'Arcy, chief executive of the National Pharmaceutical Association (NPA).

Sheila Kelly, executive director of the Proprietary Association of Great Britain (PAGB), added that the loss of RPM would certainly lead to closures of independent pharmacies unless they were prepared to adapt.

She expected some transfer of business from private label to brands, but was convinced that the overall volume



Sheila Kelly, executive director, PAGB

She told delegates that despite the abolition of RPM, promotions such as extra value packs, banded packs, free gift in pack, money back guarantees and vouchers on or in the pack remained illegal.

Ms Kelly saw a definite role for pharmacists in the treatment of recurrent and chronic conditions.

She pointed out that while the condition may be chronic, it did not always progress to being a major problem and its treatment often involved very safe ingredients. The illness might be long-term but the symptoms could well be minor.

"Monitoring and advice is not always given by doctors. Now nurses are taking over the management, why not pharmacists?" she asked.

The PAGB would like to see a lot more POM-P switches in order to revitalise this market.

There was an encouraging word from David Morocco, senior vice president (marketing) at Brooks Pharmacy.



John D'Arcy, chief executive, NPA

OTC-medicine sales would be static. Ms Kelly was also certain that the reduction in the value of the market could be short-lived.

Numark chairman gains a peerage

Sir Norman Fowler, Numark's chairman, has been given a peerage. He was among 24 politicians who were appointed to the House of Lords in the Prime Minister's pre-election honours list.

Sir Norman, a Conservative MP and former chairman of the Conservative Party, had announced that he would not stand for re-election after the House of Commons was dissolved in preparation for the general election.

It is not yet known what title Sir Norman will assume or when he will take up his seat. A spokesman for the House of Lords said the process could take several months, as title and territorial allocation had to be agreed with the College of Arms before the formal investiture could take place.

David Wood, Numark's deputy managing director, said he was delighted for Sir Norman, and pleased that his political links would be maintained.

Sir Norman, who became Numark's chairman in February 1998, has been a member of parliament since 1970.

Sir Norman said: "The appointment to the Lords gives me a platform to go on campaigning and speaking out on issues I consider important."

He was confident that he would be able to speak on pharmacy issues, perhaps more so than in the House of Commons where strict rules govern members' outside interests.

"The attitude in the Lords appears to be that if you know something about an area professionally you are well placed to speak about it," he said.

Despite increased competition from Walgreens and CVS, this New England-based pharmacy chain has continued to thrive.

Over the past five years the 250-strong chain has managed to double its sales to \$1 billion with only eight additional stores.

"But they are not the same stores - we reinvented how our stores look, we are using technology like crazy and have changed the way we fill prescriptions," Mr Morocco said.

Patient counselling centres have been introduced in 50 stores and some of the dispensing has been passed to technicians. Refills of prescriptions are now dealt with largely automatically.

But how can independent pharmacy compete with large retailers such as Walmart?

"We have never and never will be able to compete on price. We offer convenience and value wherever we can and we strongly promote our own label," Mr Morocco explained.

He urged independent pharmacists to join a consortium such as Numark.

"In this game no one is an island - the few that were have been swept out to sea."

Mr D'Arcy warned that life on all fronts would be difficult. A more competitive environment would undoubtedly emerge, as traditional boundaries were breaking down and territories were becoming blurred.

"Everybody now has a prescribing role, including nurses," Mr D'Arcy said. With some monopolies, such as RPM, now gone, others were sure to follow.

While welcoming the formal recognition of an NHS role for pharmacists, a role in repeat prescribing and a commitment to community pharmacy-based and PCG/PCT based medicines management pilots, Mr D'Arcy said some major challenges still had to be overcome.

He pointed to the potential redistribution of the global sum and the Government's determination not to let control of entry get in the way of establishing pharmacies in primary care centres.

"It is a hugely challenging agenda. We have to rise to the challenges and realise the opportunities," he said.

One such opportunity was to help patients get the best from their medicines through medicines management.

Up to 50 per cent of patients do not use their medicines effectively and 11 per cent of hospital admissions result from poor compliance, making the importance of medicines management very clear.

While the Government wanted pharmacy to play an integral part in medicines management, Mr D'Arcy said it was a paradox that other government initiatives were actually creating competition, such as mail order and one-stop primary care centres, for the pharmacy network.

"Is an open market free-for-all in the best long term interest of patient care? You either have a pharmacy network or the new initiatives," he said.

A robust IT infrastructure was needed to support the new roles, including



David Morocco, senior vice president (marketing), Brooks Pharmacy

GP/pharmacy and Pharmacy/PPA (Prescription Pricing Authority) links.

"The only way we are going to get a repeat prescribing role is if we have the IT infrastructure to support it. Doing it with paper is a logistical nightmare," Mr D'Arcy said.

The issues surrounding medicines management and additional services in the UK appeared to be remarkably similar to those on the other side of the Atlantic.

As Mickey Smith, director of the centre for pharmaceutical marketing and management at the University of Mississippi explained, US pharmacists have identified a definite need for additional services, especially in diabetes care, respiratory care, anti-coagulation therapy and hyperlipidemia therapy.

However, staff shortages, time constraints available space and not being perceived as economically viable were seen by pharmacists as the major barriers to developing the services. These reasons sounded only too familiar to UK pharmacists.

Ending on a positive note, Mr D'Arcy said he remained convinced that "the future for pharmacy is bright, but is going to look different."

Reports show unusual volatility in pharmacy

Although retail sales overall have grown steadily so far this year, business levels have proved unusually volatile for pharmacists, after similarly patchy demand towards the end of 2000.

Surveys by the Confederation of British Industry (CBI) show that annual sales growth by chemists dipped in January, rebounded in February, and sank again during March.

The April survey reveals an upturn, with more than a third of respondents (36 per cent) reporting higher sales volumes than in April last year. At that time a broadly similar percentage (30 per cent) of pharmacists had seen volumes increase year-on-year.

Official figures indicate that during the first three months of 2001, the value of sales by pharmaceutical cosmetic and toiletry retailers increased by the equivalent of 3.1 per cent compared with the same period last year.

Haircare products sold well in April according to the British Retail Consortium (BRC), and new launches boosted demand for cosmetics, skin-care and perfumery.

Treatments for gastric complaints were more in demand, but products to help stop smoking have been weakening, says the BRC, as smokers wait for them to become available on the NHS. Sales of sunglasses and hay fever treatments were down.

This contrasts with March, when the BRC reported good sales of summer-related products - presumably to people travelling overseas. Gift toiletries and cosmetics also sold well ahead of Mothers' Day, but demand for perfume was mixed, with wide variations between outlets.

Despite turbulent equity markets consumer confidence remains strong, bolstered by low inflation, rising

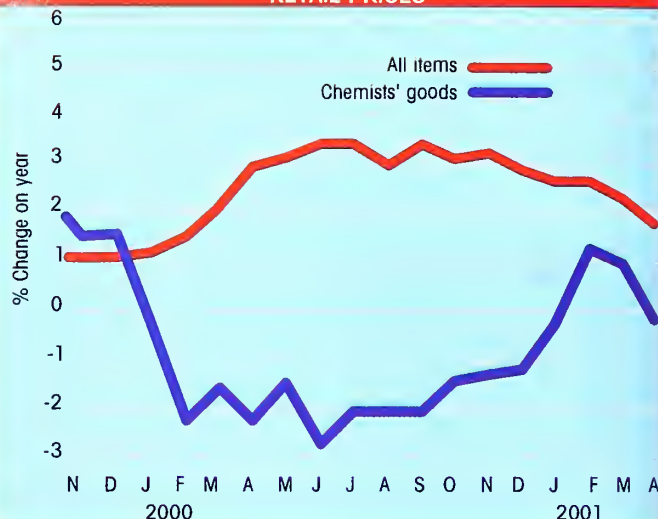
employment and reduced borrowing costs. Household spending rose in volume terms (at constant prices) at an annual rate of 3.3 per cent in the first quarter of this year - only marginally

down on the 3.4 per cent annual growth in the previous quarter.

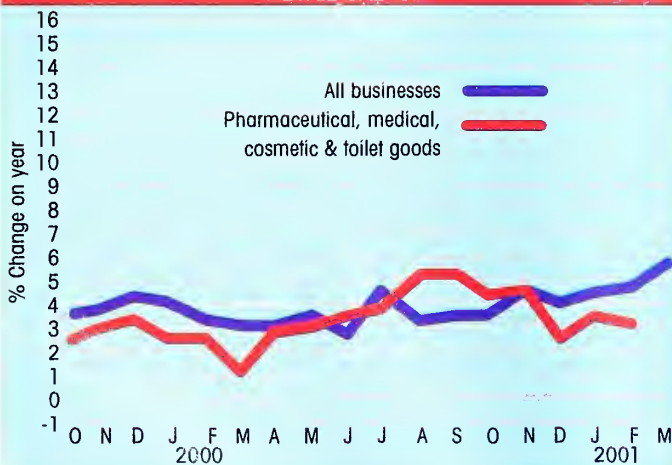
The consensus among economists is that growth will slow this year, but persistent weak growth or recession are unlikely. Inflation will stay below the Government's target of 2.5 per cent.

A joint forecast by the London Business School and Oxford Economic Forecasting expects that total consumer spending increases will ease from an estimated 3.7 per cent last year, to 2.9 per cent this year, and 3.0 per cent in 2002. However, economists at Barclays predict that household expenditure will slow to 2.7 per cent this year and decline further to 2.2 per cent in each of the next two years.

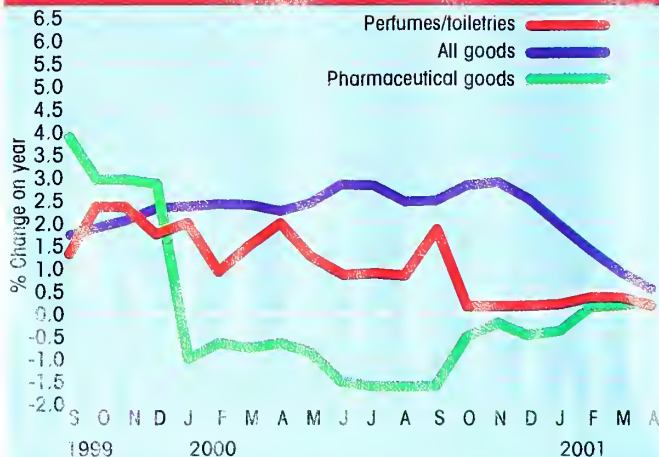
RETAIL PRICES



RETAIL SALES



PRODUCER PRICES



Latest % change % change % change
on previous on previous on year
period 3 periods

PRICES AND COSTS

Retail prices (Jul 1987 = 100)

All items	Apr	0.5	1.2	1.8
Chemist's goods	Apr	-0.2	-0.1	0.9

Producer prices (1990 = 100)

Manufacturing industry, exc food	Apr	0.0	0.0	0.3
Chemical industry	Apr	0.1	0.0	1.4
Pharmaceuticals	Apr	0.2	0.8	0.2
Perfumes & toilet preps	Apr	0.1	0.6	0.1
Lip & eye make-up preparations	Apr	0.0	2.6	3.5
Dental & oral hygiene preps	Apr	0.0	-0.2	2.0
Shaving preps, deodorants	Apr	0.1	0.6	-3.1
Adhesive dressings	Apr	2.3	3.4	16.3

Average earnings (Jul 1990 = 100)

Whole economy	Mar	0.7	2.8	4.2
Chemicals, chemical products	Mar	0.7	2.1	4.7

OUTPUT (1990 = 100)

Chemicals, man-made fibres	Q1	-1.9	1.9	2.8
Pharmaceutical products	Q1	-0.8	3.5	6.1
Perfumes, cosmetics, toiletries	Q1	-0.1	2.0	5.0

SALES

Consumer expenditure (current prices)

Total, £bn	Q1	0.6	2.5	3.3
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Retail sales (value, 1990 = 100)

All retail businesses	Apr	0.7	1.7	6.3
Chemists	Mar	-1.8	-31.7	3.7

OTHER BUSINESS INDICATORS

Consumer credit - net lending (£m)	Mar	0.5	0.7	3.5
Unfilled vacancies ('000)	Apr	-6.6	-1.9	9.2
Claimant unemployment (%)	Apr	-1.0	-3.0	-12.5

Sources: Cent. al Statistical Office, Department of Employment

£5m cash injection will transform Boots' image

Boots The Chemists will be testing new formats in around 20 pilot stores.

It is investing £5 million this year on the formats which will "become the building blocks of the future Boots chain". The designs are based on Advantage Card data and consumer research that shows how BTC consumers like to shop.

The Boots Company, meanwhile, is investing £14 million in a new store concept - Pure Beauty - aimed at the premium beauty and toiletries market. The company will initially launch eight stores, starting in Covent Garden in September, and in other top London locations and major city centres.

Each store will stock leading fashion and designer ranges in cosmetics, fragrances, skincare, haircare, vitamins and beauty accessories. The average size of each outlet will be around 400 m² and it will have 30 staff.

Boots plans to open 65 Pure Beauty stores and has said its target is to expand the premium end of the £3-billion beauty/toiletries market by 5 per cent, and to increase its share of this market by 5 per cent. Boots expects the stores to recoup its investment in around four years.

The company said it had left out the Boots name from the stores because they were a different concept, although it added that some of the outlets would carry its name.

It denied it would have difficulty entering a market already served by department stores. Research had shown that customers wanted such a store, it claimed. "The new stores will be different from department stores, because of the advice and services we will be offering," it said.

These services will include eyebrow shaping and complementary massages.

Rob Jones, an analyst at Datamonitor, said Boots was responding to the threat of Sephora, the



Steve Russell, Boots' chief executive, expects better profits during the second half of the financial year

French chain that has launched 10 premium beauty stores in the UK and aims to have 150. The chain, owned by luxury goods group Moët Hennessy-Louis Vuitton, already has 200 outlets in France.

"Sephora offers self-selection, with the brands mixed together. I imagine Boots will follow that model," he said.

The news came as Boots reported pre-tax profits, including exceptionals, down 12.3 per cent to £492.2m. Its exceptionals include £25.1m for redundancies - BTC has cut 2,000 jobs over the past two years, including 40 per cent of its senior managers.

BTC said the cost-cutting programme saved £75m.

BTC's operating profit, excluding exceptional costs, rose 7 per cent to £526.1m. Its like-for-like turnover was up 0.2 per cent to £3.992bn, and its net margin rose 0.8 per cent to 13.2 per cent.

The chain lost two per cent of sales when it decided not to stock non-core leisure goods.

Its health and beauty sales rose 3.4 per cent, fragrance sales grew 6.8 per

cent and its electrical beauty sales rose 12.5 per cent.

BTC's OTC and vitamin sales fell 1.5 per cent due to a lack of a flu and cold outbreak last winter. Their sales will suffer again this year with the abolition of resale price maintenance, which will cost BTC around £15-£20m in potential profits.

Its premium cosmetic sales rose 23.2 per cent - the products are stocked in 100 stores. Photo sales fell 2.2 per cent, although BTC claims to have increased its share of the reduced photo market by 1 per cent.

Meanwhile, Boots Opticians' profits fell £7.2m to £4m on sales of £196.1m, up 0.2 per cent. Boots said this reflected the highly competitive optical market.

Boots Wellbeing Services' division saw an operating loss of £20.7m, up 57 per cent, while its sales rose 347 per cent to £8.5m.

The group's 30 dental practices had 30,000 registered patients in March. Boots aims to have 48 by the end of June and a further 20 by the end of its 2001/02 financial year.

Pharmacy amongst best performing retailers

Pharmacy was amongst the three best performing retail sectors in May, according to figures released by the Confederation of British Industry.

The latest CBI Distributive Trades Survey showed that 66 per cent of pharmacists had seen their sales increase, while only 1 per cent reported declining sales. Thirty per cent said that sales had remained the same.

The resulting balance of plus 62 was 26 points higher than the previous month (36), and only slightly below that of grocers (74) and footwear and leather retailers (73).

Overall, just over half (56 per cent) of retailers reported increased sales while 21 per cent saw a reduction. Sales are expected to grow at roughly the same rate during June.

Superdrug sale is cancelled

Kingfisher has scrapped plans to sell Superdrug and Woolworths and decided to demerge them into a separately listed general merchandise division.

Kingfisher shareholders will be offered shares in the new company.

The demerger will take place before the end of July and the division will be renamed and have a new board.

Kingfisher would not confirm whether the new company's chief executive would come from the ranks of Superdrug/Kingfisher or from outside.

Kingfisher agreed it had been having advanced talks with potential buyers for Kingfisher and Superdrug, but it finally decided it was in the best interests of its shareholders to demerge both.

Dutch pharmacy chain Kruidvat was said to have been one of the front runners to acquire Superdrug.

P2U wins multi-million pound hospital contract

Pharmacy2U has signed a multi-million pound hospital contract with Leeds Teaching Hospitals NHS Trust, which will see the online pharmacy taking charge of the medicines supply for out-patients.

Under the two-year contract P2U will dispense and deliver the prescribed medicines to the out-patient's

home, the hospital pharmacy or the GP surgery.

The scheme is intended to lead to a reduction in cost and ensure that clinical pharmacy time is spent at ward level.

Andrew Tucker, P2U's communications manager, explained that because the medicines are being sourced and

dispensed on a patient basis rather than bought in bulk from a wholesaler, they are exempt from VAT.

P2U declined to reveal the commission it charges the hospital trust for its services.

Mr Tucker said that delivering the medication to the patient's home would increase compliance. But he

accepted that this method could only verify that the prescription had been filled and that the patient had received the medicines, not whether the drugs had actually been taken.

Mr Tucker added that this was only the first hospital contract P2U hoped to secure, with several others under discussion.

IN BRIEF

Ponstan paediatric suspension

Chemidex Pharma Ltd now owns Ponstan (mefenamic acid) paediatric suspension 125ml. Enquiries should be directed to Chemidex Pharma, Chemidex House, Egham Business Village, Egham, Surrey, TW20 8RB. Ponstan 250mg capsules and Ponstan Forte 500mg remain the property of Elan Pharma Ltd.

Numark advertising campaign

"Dispensing good advice and great offers" is the message of Numark's national advertising campaign, which started last week. The adverts will appear in 76 national and regional newspapers in the UK and Northern Ireland, and 164 30-second radio commercials will be aired on Classic FM, Q102.9 and Cool/Downtown Radio.

Avicenna's one per cent bonus

Avicenna will be issuing a 1 per cent bonus to members who have increased their business with its "preferred suppliers" over the last year, including UniChem, OTC direct, Sigma Pharmaceuticals and Coloroma. "The future of independents, post RPM, will require strong partnerships with suppliers and this scheme will reward our members who work towards that," said Avicenna's chairman Solim Jetho.

US firm acquires Wrafton Labs

Michigan-based Perrigo, which produces own-brand medicines and nutritional supplements, has acquired Wrafton Laboratories based in Braunton, North Devon for £31 million. Perrigo wants to use Wrafton as a base to move into Europe.

BGMA launches website

The British Generic Manufacturers Association (BGMA) has launched a website, www.britishgenerics.com, to promote generics and the activities of the association. The association's members include APS Berk, Alphormo, Generics UK, Genus Pharmaceuticals, Lagap, Ronbaxy, Rosemont, Sterwin Medicines and Norton Healthcare.

COMING EVENTS

JUNE 14

NICPET, at the White Gables Hotel, Hillsborough, 10am-5pm. "Preventing Coronary Heart Disease" by Dr Terry McGuire.

JUNE 14

Slough Branch, RPSGB, at the John Lister Postgraduate Centre, Wexham Park Hospital, 7.30 for 8pm. "Annual General Meeting."

Auditor cannot vouch for SSL's year 2000 figures

SSL International's auditor Arthur Andersen could not vouch for the figures for the financial year to March 31, 2000, which had been re-set after SSL admitted they contained financial irregularities.

The auditors, in his statement for SSL's latest year-end results said: "In respect of the limitation of the scope of our work relating to the appropriateness and completeness of the prior period items [year to March 31, 2000], we have not obtained all the information and explanations that we consider necessary for the purposes of our audit, and have been unable to determine whether proper accounting records have been maintained".

That qualification aside, Arthur Andersen has vouched for the latest financial results.

SSL said it had investigated the previous year's figures with the help of accountants KPMG and lawyers DLA and it was satisfied with the way the figures were re-adjusted. It stressed that Arthur Andersen's qualification should not reflect on the accuracy of the latest figures.

SSL has asked the serious fraud office to investigate its accounting irregularities, where up to £22 million of false sales invoices were allegedly issued. It is considering whether to take action.

Stuart Wallis, SSL's chairman, said in *The Guardian* that a number of people were involved.

The major issue concerns sales where the retailer did not actually receive the goods. Sometimes the retailer did not know anything about



Dieno George: my resignation does not mean I have done anything wrong

the invoice, and in others the retailer was aware of the invoice, but said he did not have the goods. SSL believes this was done deliberately.

Meanwhile, SSL's pre-tax profits, excluding exceptionals, rose 12.2 per cent to £91.3m. Its sales were up 5.7 per cent to £649.3m.

The company admits direct comparisons with the previous year are "complex" because of "trade loading" which led to sales for the 25 months to March 31, 2000 being overstated by £22m, and the profits by £19m.

UK retailers accounted for 57 per cent of the £63m excess stock in the market, US retailers for 30 per cent and continental Europe for the remainder.

Its profits next year are expected to be cut by £50m as a result.

Another complication was SSL's decision to change its accounting year-end period, which meant the year to March 31, 2000 was actually 13 months.

Taking into account all the adjustments/exceptional items and disposals, the group's sales rose 6.8 per cent to £611m.

SSL's UK OTC sales rose to £54m - its overall OTC sales were up 3 per cent to £85.7m. The group's UK family planning sales grew slightly to £34.1m, wound management was £47.9m, footwear £6.4m, and footcare £17m.

Brian Buchan, SSL's recently appointed chief executive, said the group had had a difficult year, but it would be investing more in marketing and new products, and looking to divest some brands.

Last week SSL lost two more board directors: Dieno George, managing director for continental Europe and a former president of the Proprietary Association of Great Britain; and Graham Collyer, technical director, who resigned.

All the SSL executive directors who were in charge when the company allowed the excess stock to accumulate in its markets have now gone.

In a joint statement Mr George and Mr Collyer said it was in the best interests of SSL and its shareholders that they left. "There can be no question of impropriety on our part, and we will be negotiating appropriate termination arrangements in due course," said Mr Collyer.

Roche to axe 700 UK jobs

Roche is preparing to axe 700 jobs at its Welwyn Garden City site over the next two to three years in an attempt to increase sales and cut costs.

The first wave of redundancies, 350 drug discovery jobs, is due to be completed by the end of August, while 350 jobs in production will be phased out over the next two years.

Roche insisted that strong research activity would continue, but would be concentrated on fewer sites. All research activities currently undertaken in Welwyn Garden City will be relocated to other Roche plants.

The Welwyn Garden City site will retain its drug development and commercial functions.

The job cuts come as a major blow to pharmaceutical research in the UK. Last year Roche's investment in UK-based R&D was around £92m.

The UK redundancies are the result of a lengthy review of how to reshape Roche's Pharmaceuticals division and increase its profitability, which will see a total of 3,000 jobs being lost across various Roche sites. The company employs 65,000 staff worldwide, 41,000 in the pharmaceutical division.

In the USA Roche expects to cut 1,100 jobs at the company's sites in Nutley (New Jersey) and Palo Alto (California), while 600 redundancies are planned at Roche's headquarters in Basel, Switzerland.

E-billing facility for pharmacists

A major pharmacy chain is using an electronic business to business billing service offered by Coty Beauty, enabling customers to receive invoices via the Internet.

The chain, which did not want to be named, has 1,000 stores. Moss Pharmacy denied it was the chain in question, while Superdrug was unable to comment before C&D went to press.

Those opting for the e-billing facility will receive an e-mail from Coty, alerting them when a new invoice has arrived at a password-protected Internet site. Three months' worth of invoices can be downloaded.

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Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray, Chemist & Druggist (Classified), United Business Media International, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dolpharmacy.co.uk>. All major credit cards accepted



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Good luck to the Lions

The 37-strong British Lions rugby squad set off for their tour "down under" last week, taking medicines and equipment supplied by UniChem. While we were keen to donate all the medicines, we hope that they will not need to be used and that the Lions will enjoy an injury free trip," said Martyn Ward, UniChem's sales and marketing director. One of C&D's staff, who is also a pharmacist, volunteered to join the medical team to help rub in the liniment. However, the editor insisted it would be safer for all concerned if she got back to her desk and did some work.

Back row: the medical team for the tour. Front row, left to right: Mike Catt, British Lions, centre, Martyn Ward and Phil Greening, British Lions hooker.



Sadie is Heron's golden girl



Above: Sadie with Mr McCann in 1951 outside the pharmacy in Portrush

Ever thought you've been in the same place too long? Feel like it's time for a change after a couple of years? Not Sadie Jefferson, of Heron's Chemist in Portrush, Co Antrim, who has clocked up 50 years service this year. Sadie was taken on as a pharmacy apprentice in 1951 by Mr McCann who was the owner of the Medical Hall, as it was known then.



Ever since, Sadie has worked full-time in the dispensary and on the medicines counter. She plays bowls twice a week and has been invited by the local medical centre to join their patient participation group as the pharmacy representative. There was a party to celebrate Sadie's golden anniversary, but she has no plans to retire yet. "I'd miss out on what's going on," she says.

Left: Sadie in the dispensary today

Mayoral prescriptions...

When Christine Kelly has finished her morning stint at the Portswood branch of Pharmacy Direct in Southampton, she changes out of her overall and hops into the mayoral car that's waiting for her. Following a successful career as a councillor for Hampshire County and Southampton city councils, Christine was elected 779th Mayor of Southampton in May. She is also a magistrate. Arun Sharma, managing director of Pharmacy Direct, says they are all very proud of Christine: "She's an excellent member of staff," he added.



Christine Kelly in mayoral dress

APPOINTMENTS

Howard Hopkins has joined Ceuta Healthcare as client director, having previously worked for Glaxo Wellcome as a sector manager and Kodak as a senior national account manager.



Howard Hopkins

Derek Melville has been promoted to senior purchasing manager for Munro Wholesale Medical Supplies in East Kilbride. He has worked at Munro for more than 14 years.



Two pharmacists have been appointed to the Multi Research Ethics Committee in Wales, responsible for giving independent advice on the ethics of multi-centre research

proposals involving human subjects. They are **Alana Adams**, **Derek Melville** a principal pharmacist at the Royal Gwent Hospital and **Simon Rivers**, principal oncology pharmacist at the Velindre NHS Trust. Ashfield Healthcare, provider of pharmaceutical contract sales services, is pleased to announce the appointment of **Ms Ollie Wood** and **Mr Andy Dussroth** to complete its team of operational managers. **Charles W Stiefel** has been appointed chairman of the board and chief executive officer of Stiefel Laboratories Inc.

Stand and deliver!

Colombian women are testing a new system of drug delivery for sedatives, according to a news report last week.

However, it seems that the women's intentions may not be entirely honourable as they are using the system to hoodwink men into parting with large amounts of cash.

Although it is not clear which drug is being used, the delivery system is explained in some detail in the Reuters report. Three women have been standing by the side of the road in wealthy parts of Bogota "striking seductive poses" to lure men driving by to stop. Unbeknown to the men, the women have been "smearing their breasts with a powerful drug" - narcotic pills dissolved in water. The hapless victims somehow feel obliged to lick the women's breasts.

"After licking the women's breasts, the men lost all willpower," a police spokesman is reported as saying. "They came to their senses hours later to find they had lost their wallets and cars, but with no memory of what had happened."

Presumably the sirens' supramammary delivery model is quite acceptable to the men, judging by the take up rate. It is even possible that the side effects of dented pride and lighter pockets could be outweighed by the benefits of the extra exercise they will get while having to walk. Is this something NICE should look into?

Getting to grips with training

Steve Howard (left), director of training at GEHE, helps **Nick Mortimer**, **Lloydpharmacy's** deputy superintendent pharmacist, get to grips with **Recussi-Annie** during their **National Learning at Work Day**.



An action-packed day of workshops saw more than 160 head-office staff learning about first-aid, aromatherapy, getting by in Spanish and mastering motivation.

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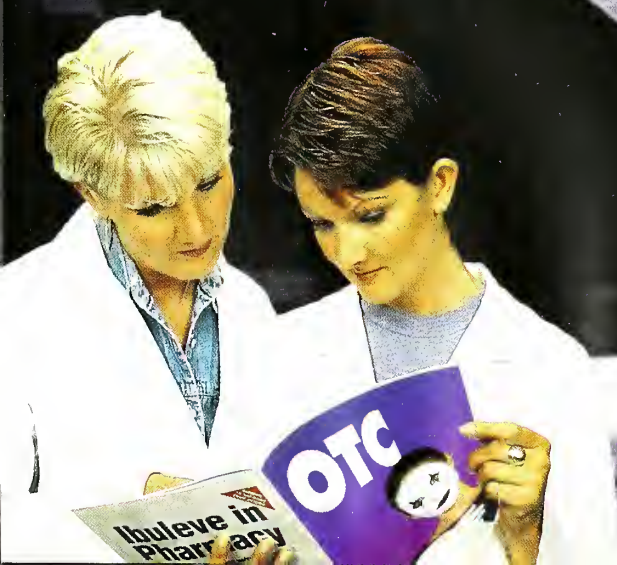


Over the counter magazine

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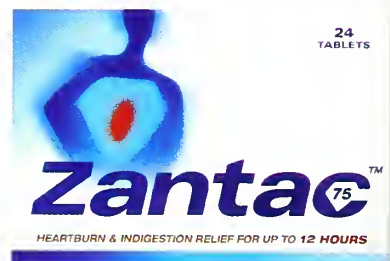




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Dosage and Administration: Adults and children aged 16 and over, one tablet. For prevention of heartburn and indigestion associated with food and drink, one tablet half to one hour before eating or drinking. No more than four tablets should be taken in any 24-hour period.

Contraindications: Hypersensitivity.

Precautions: Treatment should be restricted to maximum of 14 days continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after 14 days continuous treatment. Should not be taken by the following groups of patients unless under medical supervision: patients with renal or hepatic impairment; patients under regular medical supervision or suffering from any other illness or taking medication; patients middle aged or older with new or recently changed symptoms of indigestion; patients with unintended weight loss; patients taking

NSAIDs; patients with a history of porphyria; patients who are pregnant, trying to become pregnant, or breast feeding.

Side Effects: Generally well tolerated. Rarely changes in liver function tests, hepatitis, jaundice, acute pancreatitis, leucopenia, thrombocytopenia, agranulocytosis, pancytopenia, marrow hypoplasia, aplasia, hypersensitivity reactions, bradycardia, A-V block, headaches, dizziness, confusion, depression, hallucinations, involuntary movement disorders, skin rash, vasculitis, alopecia, musculoskeletal symptoms, impotence and breast swelling/discomfort in men. See SPC for further details.

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